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ALFRED WORCESTER, A.M., M.D.

Fellow of the Massachusetts Medical Society; Member of the Obstetrical Society of Boston; Ex-President of the Harvard Medical School Alumni Association; President of the Waltham Training School for Nurses; Chief of Maternity Service, Waltham Hospital; Consulting Physician Elliot City Hospital, Keene, N.H.

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TO E. J. W.

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CHAPTER I

OUR COMMON PROBLEM

How to take care of the helpless is the greatest of sociological problems. Although it more immediately confronts the medical and nursing professions, it also directly concerns us all. For however vigorous any of us may be during the days of our strength, at the beginning and at the end of our lives we are absolutely dependent upon the helpfulness of those about us. Few escape at least temporary periods of helplessness at other times. And, even if between our own cradles and deathbeds any of us may be so fortunate as to escape similar conditions of helplessness, we know only too well the unlikelihood that those whose lives we love more than our own will escape such conditions.

The problem, moreover, is by no means merely a personal one: it also directly concerns the whole human family. The world is beginning to realize that all suffer when one suffers, and that all are weakened by the weakness of any. As civilization advances, the instinct of self-preservation thus extends its scope, first to include the immediate family, then the race, and finally all human creatures. But the greater interest now being taken in the problem of caring for the helpless is due, we may hope, not so much to the extending scope of instinctive self-protection, as to increasing kindness and good will among men. Much that has already been done, and much that is now being done, justifies this hope. And undoubtedly there is a larger supply of latent willingness to help the helpless than has yet been brought into action.

In times of war and pestilence, and of other national disasters, helpers in abundance volunteer. But in eras of peace and prosperity the common forms of helplessness do not so surely stir the hearts of those able to give the

help that is needed. Even the existence of such needs is often unknown; and where known it is too often taken for granted that they are being met by those who are supposed to be specially employed for this purpose.

It is true that the agents of the various charitable organizations, and the official dispensers of the public charity, do a great deal of this work. But even in such relief of the helpless, the good-heartedness of the community ought to be more plainly manifested. For not only is the benefit to the recipients of such charity great in proportion to the heartiness of it, but there is also a still greater benefit at stake in the effect of the giving upon the givers.

It is therefore a double loss to the community when the obligations resting upon all are delegated to the official few, and then ignored. For the obligation of caring for the helpless is really a privilege rightly belonging to the well and strong. And where this is entrusted to physicians and nurses, to hospital and dispensary officers and servants, it is of highest importance that those to whom the service is

entrusted shall be considered as the agents of the community. The worth of their work and the character of the community alike depends upon its being so considered by all concerned.

And yet, after all, where one is cared for in a hospital or by some other organized charity, ten of our helpless neighbors are cared for in their own homes by their relatives. This too often means both that the care given them is inadequate and that the family is overburdened.

Without undertaking to discuss the question if diseases and all other bodily afflictions are in themselves evils, it may well be observed that the helplessness of the neighbor, however caused, affords fine opportunity for fellow-service. Separated as neighbors may be by race and by other social characteristics, physical helplessness levels all such distinctions. The pauper and the millionaire alike are but beggars then. And a flower or even a kind inquiry offered at such times often is the beginning of a lifelong friendship.

In ideal conditions the infant in its help-

lessness receives loving parental care, and the aged are cared for by their children; but in the great human family there are many orphans and many childless old men and women. Whose business is it to care for them? And then there are the defectives of every sort, whose permanent or temporary helplessness resembles that of infancy or of superannuation. Indeed, at first thought the number of those needing help is appalling. But in reality, except in times of war or of pestilence or of other great disasters, the number of the helpless is small in proportion to the number of the able-bodied.

For many reasons this proportion is greater in our cities than in the country. Conditions of living among the poor become steadily worse as the density of the population increases. This is particularly true in English and American cities, where the poor inhabit certain districts of the city quite unknown by the residents of the better districts. In German cities, on the other hand, where the poor live in the basement or attic apartments, their

needs are known and supplied by prosperous neighbors who live in the more desirable intermediate flats.

In our villages there is still much of the old-time neighborliness; but in our larger cities, where it is not so easy as it is in village life for one family to look out for another, people easily forget and neglect the duty of neighborliness, and the whole business of looking out for the neighbor in distress goes by default. We often know of the death of a neighbor only when we see the obituary notice in the newspaper or crape on the door.

Such conditions, however, are only apparently heartless, and are largely due to the specialization of labor that characterizes the present age. In the old days everybody knew how to do everything, but now one man knows how to do and does only one kind of work. For instance, in old times every man was a fireman, and at alarm of fire hurried to save his neighbor's property from destruction. But now, in case of fire, every citizen knows that the best service to his neighbor is to keep away

and leave the field to the firemen who are specially trained and employed to fight fires. But what should be thought of a city where the volunteer firemen go out of existence before a regular fire department is organized?

So, in taking care of the sick, either those who are well must go to give help wherever there is sickness, or else they must see that somebody else is ready to go. If for no other reason than the low reason of self-protection, this is one of the obligations of citizenship. Pestilence unchecked is certainly as dangerous as fire. And human life is surely as valuable as house or barn.

In order to bring into action the general willingness of the well and strong to help the weak and the sick, wise organization is plainly necessary. But in most communities the great need is not so much for new avenues of outlet for kind-heartedness as it is for more effective expression of it in lines of work already projected. Too often it happens that what is really of most value in charitable undertakings is obscured or even entirely lost in their devel-

opment. Great endowments of charitable institutions sometimes serve, first to release the community from all exertions for the maintenance of these institutions, thus depriving the institutions of public interest, and afterwards to allow wastefulness and callousness in the managers of them. And when such institutions are adopted by the city government, to be henceforth entirely supported by taxation, the spirit of them often is sacrificed to the greed and graft of politicians. Even if such disastrous consequences do not follow, nevertheless, when public interest disappears in any form of charitable work, there is always a double loss; for the gift without the giver is bare both to the giver and to the recipient.

In the management of such institutions there may be scientific accuracy and economy, and in the treatment of the beneficiaries exemplary technical skill, and yet woeful lack of love and sympathy. The workers in such institutions, instead of being the agents of the community in carrying into effect our common duty of neighborly helpfulness to the un-

fortunate, often become infected with the arrogance of institutionalism. There are, of course, frequent exceptions to this tendency, and many shining examples of good-heartedness in institution officials. But even such need the encouragement of the people's interest in their work.

Although human necessities are much the same the world over, there is often the widest divergence in contiguous States and even in adjoining towns in the methods of caring for the helpless. Probably there is no community that would not profit by adopting methods in use elsewhere. Until recently, however, different cities and countries have known very little about each other's charities. Travelers have for long been well acquainted with the natural scenery, with the art and architecture, and with the political machinery of other countries, but only in later years have the different eleemosynary methods received similar attention. Much good has already been accomplished by conventions and associations of workers in these lines. But so far theories and

statistics and possible economies have been the principal subjects for the consideration of such assemblages.

This is a scientific age, and we may rightly rejoice in the advance of scientific philanthropy. But somewhere, somehow, there must also be a more general forward movement in loving fellow-service to the helpless. Hearts as well as heads must be educated. And the first steps in this desirable movement must be taken in learning what has been done and what now is being done in the world around us. Different methods of caring for the helpless must be studied, their defects avoided, and their excellences appropriated. In this way, and only in this way, can real progress be secured. The study of the outward mechanical details of the different methods employed is easy enough. There is, to begin with, a large amount of published material available, and visitors in all charitable institutions can walk through the wards and kitchens and laundries; but the searcher after the right spirit of such work has a far harder task.

"A fugitive and gracious light he seeks,
Shy to illumine; . . ."

There is, however, a charm in this very elusiveness of the subject. And amid most discouraging conditions lovely surprises are in store for persistent searchers.

Perhaps it is inevitable as life becomes more complex that the higher and finer human qualities should be deeper hidden. We should not wish them to be paraded, nor expect their survival if they were. But, on the other hand, buried talents not only fail of increase; they are taken from us.

In the simpler life of earlier days, and in the simpler conditions of peasant life to-day, it is far easier to find loving service to the helpless than it is to find it in modern charitable institutions. And yet it cannot be doubted that there is really more love for the neighbor as civilization advances. Our task, therefore, is to uncover it, that the light may shine for the guidance of those who have not yet learned how to use their hearts.

We hear nowadays too much about the

infectiousness of disease and of evil, and too little about the far greater contagiousness of enthusiasm and of loving-kindness. It is all very well to provide strict quarantine against what is hurtful, but we should remember that the surest protection of the human family is ever to be found not in negative but in positive living. Instead of guarding against the possible excesses of Socialism, it is far wiser to strive for the blessings of universal brotherhood.

Inasmuch as most of the work of caring for the helpless necessarily devolves upon physicians and nurses, who in such service are really only the agents of the community, it is plainly a common duty to provide for the best education and training of these agents. As regards the necessary scientific and technical training, that of course can rightly be left to the professions; but that is only a part of the preparation needed.

We here have additional reason for making sure that all patients in hospitals and asylums shall be cared for as perfectly and tenderly as

we could wish for our dearest. For it is in these institutions that our future physicians and nurses are being trained. As they begin, so they will continue: if from the first they are not taught both by precept and example to respect the sensibilities, to heed the yearnings, to reverence the souls of their patients, such service need never afterwards be expected from them.

The asylums and hospitals, and the medical and nursing schools, are supported by the public or by endowments given by the laity. And beyond doubt much good would result from a deeper public interest in them which is thus warranted. Great scientific progress has already resulted from the endowments of laboratories and professorships of research into the causes of disease. But as yet nothing has been given to promote in medical schools the study of the history, the principles, and the purposes of organizations devoted to the care of the helpless.

Without such instruction it is folly to expect from the medical profession wise leadership in

the formation and management of eleemosynary institutions. Until some improvement is made in this direction, and until the art of medical practice is as well taught as is the science, we need not expect to escape the lack of coöperation that now too frequently exists in hospitals between their lay supporters and their staffs. To modern surgeons and physicians the sole function of the laity is to provide the money for the hospitals and dispensaries. They do not understand the longings of men and women to give their hearts, as well as their brains and purses. Nor do they appreciate the fact that the real worth of every organization for helping the helpless depends far more upon the love and kindness in operation therein than upon professional skill and science.

This failure of physicians and surgeons to recognize that one of their functions is to serve as agents of the kind-heartedness of the community is not so bad as is the same failure of modern nurses. For to the nursing profession the arts of soothing, comforting, and

sustaining have been especially delegated. In surgical operations upon the poor and homeless for the relief or cure of suffering, or for the direct saving of life, the kindness of the community in providing the proper facilities may or may not be seen. The excellence of the surgeon's work, it may be admitted, is not very dependent upon such recognition. So, too, in the wards, excellent direction for the scientific treatment of the patients can be given by a surgeon oblivious of his function as the agent of those whose hearts have been stirred to support the hospital. But when it comes to the preparation of the patients for operation, and the tending of them afterwards, and the long day and night nursing in the wards, the supporters of the hospital ought to be sure that most tender and devoted service is given. And of this there can be no surety unless the nurses recognize that, besides their duties as medical and surgical assistants, they are also the agents of the community and charged with its sacred obligations.

In small hospitals, and especially in those

depending upon kind neighbors for daily support, the nurses are not so liable to forget this part of their duty as they are in large public or richly endowed institutions. And this is one of the great advantages of the small hospital, both for the patients and for the nurses who are in training.

In the home the nurse cannot help sharing the anxiety of the relatives for her patient's comfort. In her nursing she naturally delights in carrying into action, for the patient's relief, the loving desires of the family and friends. She is their agent. In the village hospital the influence of relatives and kind neighbors is still potent, working through the nurses. And there is no valid reason why the nurses in our largest hospitals and asylums, in the care of the friendless, should not also be the conscious agents of the love and kindness of the community.

It is not enough in such service that the nurse herself shall be a kind-hearted woman. That, of course, is indispensable. But she must also be the transmitting medium of a far

larger supply of love than any human heart possesses. Nurses belonging to the religious orders, and those who believe with them that the best nursing can be done only by the consecrated servants of God, rightly insist that there is but one unfailing Source of this needful love. The high incentive of such devout souls is their belief that in nursing the friendless they are really serving the Master Himself. Without intending the slightest disparagement of nursing thus inspired by religious ecstasy, it may be observed that this motive is not commonly active in these days. There is, however, widespread recognition of the fact that

> "'T is God himself becomes apparent, when
> God's wisdom and God's goodness are display'd,
> For God of these his attributes is made."

The increasing love of the neighbor is to many of us the surest sign of the coming of God's kingdom on earth. Those who thus believe find their highest incentive to loving care of the helpless in realizing that such service is what the community desires. But this desire

ought to have fuller expression. For without question the character of the nursing service in every institution, as regards the essential qualities of kindness, devotion, tenderness, and encouraging hopefulness, is directly dependent upon the inflowing stream of kind neighborly interest in the work of that institution.

Not a flower that is brought, not a song that is sung in the wards, not a friendly visit, misses the mark. The patients are cheered; somebody cares for them. The nurses are inspired by realizing anew that the surrounding world, dreary and cold as it sometimes seems, is still permeated with Love.

Only occasionally nowadays is the opportunity given to succor a wounded wayfarer; but countless opportunities offer to inquire at the inn if every comfort is being given him. Just as of old the host was commissioned by the good Samaritan to take care of the poor unfortunate, so the nurses of to-day must be made our agents and assured of our continued personal interest and support.

Success in bringing about a better working

relationship between the public and modern nurses depends upon a more general knowledge of the development and present status of this new profession. This will be found to be the subject of several succeeding chapters. But before our study of modern nursing we must first consider the changing character of medical practice, whereby much of what was formerly the physician's function is being transferred to the nurses. This we must do in order to understand what may fairly be expected of them. We may hardly hope to influence the development of a profession so firmly established as is the medical, but in the case of so new a profession as that of nursing, we can demand with considerable confidence greater attention to the humanities.

CHAPTER II

MEDICAL METHODS OLD AND NEW

A THIRD of a century ago it was commonly remarked that medical science had not kept pace with the advance of other sciences. Then it might have been hard to disprove the allegation, but no such charge would now be made. For within recent years there has been a rapid succession of brilliant discoveries regarding the causation of diseases. And already much has been learned regarding the destruction of disease-producing germs.

Many of the most dreaded diseases are accordingly in rapid progress of extermination. It is practically certain that the time of great epidemics in civilized countries is past. And just as surely many of our endemic diseases, such as typhoid fever, diphtheria, and tuberculosis, might also be exterminated. Only the application of knowledge already ours is needed to rid civilization of these pests.

These facts regarding the wonderful progress of medical science are well known. But not much has yet been said about the great change that the medical profession itself has meanwhile undergone. The subject needs attention.

Let us first bring into view the typical practitioner of forty or fifty years ago. In some of the villages, and in old-fashioned corners of our cities, physicians can still be found who are practising in much the same way that they began, and, indeed, in much the same way that their predecessors began to practise. For in their youth they learned the healing art as apprentices, which, in spite of present methods, is really the only way any art ever can be learned. These old-fashioned doctors do not begin to know as much about diseases as second-year medical students now know; but even when they left the employ of their preceptors they knew more about patients than many medical graduates of to-day ever will know, for in the formative period of their lives they had greater opportunities for acquiring this

knowledge than the modern medical school affords.

If you have not known this passing type of family doctor, and if you are incredulous of his existence, follow one whom I will select for you on his daily rounds. Do not laugh at his old buggy, nor at his rough-haired horse. Like the doctor himself, and like his well-worn clothes, they have seen better days. For his practice is not so lucrative as it formerly was. The younger doctors in their shiny automobiles have taken away many of his paying patients. The specialists have taken most of the rest. Nor do those unable to pay even his small fees in money pay him in kind as they used to do. And, after he has paid for fuel and food and provender and his excessive taxes, he has little enough for personal embellishment.

Do not judge by appearances. Study rather the man himself. Come in with him into this cottage where the anxious mother is worn out by long bedside watching. Her daughter, till lately her sole support, is plainly nearing the end. Too well they both know it. They have

no need of a scientific diagnosis or prognosis. Little is there in that sick room to interest the student of disease. It is only a case of common consumption. But just watch the old doctor. See how slowly and quietly he seats himself by the bedside, how carefully he feels the pulse, which still means more to him than does the temperature, and how carefully he inquires how she has slept, and if she has managed to swallow the extra eggs he has been urging. Then see him gravely nod his head in regretful assent to her complaints, and listen to his skillful emphasis upon all the little favorable details in the story of the past night. Has he all day to spend there? He shows not the slightest impatience of the passing time. He knows far too much of human cravings to take out his watch or tell of his hurry to reach another patient. For the time being this one has all of his devotion. She feels it. His visit cheers and comforts her. Nor is his mission fulfilled the moment he leaves the sick room. His thoughtfulness for the poor mother prompts him to tarry in the garden

as he bids her rejoice in the clear air which "surely will make her daughter's coughing easier." He leaves no drugs, he writes no prescriptions. Quite useless are his visits from the scientific standpoint, useless, indeed, in his own estimation, and yet he goes there day after day without so much as ever entering his visits in the ledger. Profitless practice this, according to modern estimation, but it is what he was taught to do. Never yet has he deserted a dying patient on the miserable excuse that he could do nothing more.

But now we must hurry if we would follow him. His plan was to make all the visits needed along this road, but an imperative call has come for service in an opposite direction. And his life-long habit obliges him to inconvenience himself even upon the chance of being needed. Often it is a false alarm. So it is this time. A boy had fallen from the cherry tree. The neighbors thought him killed, but it was only a stun and as soon as he caught his breath it was evident enough he was living. But his crying is hushed as the old doctor

drives hurriedly into the yard. "You were quite right," he answers the mother's apologies, "to send for me; you were, of course, terribly frightened, and it is far better to have the child thoroughly examined." The boy is immensely relieved to see the doctor come in, — the old doctor who always gives him a smile as he passes. Not that the doctor remembers his name, any more than he can remember the names of the thousands of other children he has helped into the world, but there is nevertheless some bond of sympathy between them, and the boy feels it. His faith in his doctor is absolute. Without a murmur he lets him pull off the little jacket and trousers, when only a moment ago he was screaming if they tried to move him. And after the doctor has gone the little fellow will fiercely resent any omissions or changes in the treatment ordered. Everything the old doctor did and every word he said the boy will remember. And later when sick or suffering, if he cannot himself go to the doctor, he will demand a visit from him. Many a call comes to the old man

both by night and by day "because the child would have the doctor sent for."

The morning's rounds have been interrupted by this episode, and now we can follow him in some of the visits he started out to make. But notice that before he leaves this neighborhood he asks after several of his former patients. "Has your husband found work yet, or is his rheumatism still preventing him?" he asks of a sad-faced woman standing in her doorway. "Is your mother comfortable these days?" he asks of another. And reining up as he meets the fishman he inquires if "Mary is doing well."

As we drive with him into the factory village one well might hesitate to enter the dirty tenements. For the day is hot, and even outside there is little comfort in breathing. The kitchens are fearfully close. In one there is a desperately sick baby. The ignorant mother is doing her best; but between washing and cooking for her large family she has little time to brush away the flies or even to scald the nursing bottles as she has again and again

been told she must do. More discouraging conditions could not be imagined. What earthly use is there in giving directions that will not be followed? Why, then, does not the old doctor give it up? That is not his way. Just listen to him as he tells the mother she does not realize how sick the baby is, and that funerals cost more than proper nursing. Is this the same man who an hour ago was cheering the consumptive girl's mother? Yes, and his purpose is the same. He knows how to get the most help for his patient. In this case, only by blunt exposure of the danger can he rouse the stolid, discouraged mother into action. After her crying is over she begs for help and promises to obey the orders. The baby's chances of recovery are bettered because it will be better cared for during the next twenty-four hours. Out of loyalty to his profession, in obedience to his conception of the physician's duty, the old doctor forced himself into that stifling kitchen, triumphed over his discouragement, and, in his intense desire to help the helpless baby, he deliberately stirred up the

mother's anxiety, and then, seizing the psychological moment, he impressed upon her his directions. He is himself pale and wearied as he comes out. Nor is it wholly because of the heat and closeness of the kitchen. That is his own diagnosis as he mops his wet brow. But really he is half faint from intense exertion. He has given himself, his whole strength of mind and heart, and the exhaustion of it is tremendous.

Can it be that the old man's strength has been transferred to the mother and that she in turn can transfer it to the wee life that hangs in the balance? Could any idea be more unscientific?

But we must not stop to analyze, for already the horse of his own accord has stopped at a shabby house. Not a moment is lost. The pale-faced widow herself opens the door. Everything is ready, so as to save the doctor's time. For years, ten or more, he has made this semi-weekly visit to dilate an intestinal stricture. Except for his faithfulness, she long ago would have died. True, she would have

been saved much agony, but her two children would not have had the modest home her incessant needlework has maintained for them. No one would have known about all this had not the old doctor in his pneumonia the winter before begged the young physician, who took care of him and his practice, to go on with this service to the widow in case he should not recover. "And please make no charge," he added, "she has more than she can bear." No words are wasted. The dilatation is done. The widow in spite of her tears smiles her gratitude, and the old man hurries away.

The forenoon has more than gone. He does not mind that his dinner must be only a warmed-over affair; he is well used to that. But he is worrying to have kept his office patients waiting. Who are they? The first to shuffle from the old parlor waiting-room into the little box-like office, which years ago was hitched on to the house, is a seedy, broken-down young man. Dissipation and poverty have made sad havoc. Now that his health has gone he appeals for help, and not in vain.

For the doctor listens to the dismal story, gives him some medicine and only casually adds the warning that while taking this medicine not a drop of liquor must be drunk. "If you at any time feel that you must have a drink, come here to me for it." This he always says to drunkards. Sometimes it works, as no unsympathetic scientific treatment ever will. And, however hopeless to others the drunkard's disease may be, the old doctor never despairs. Why should he? Did you not on this morning's drive see the fishman greet him? Well, he was once a drunkard. He first came to the doctor to have his scalp sewn up after a drunken brawl. By the time that was well he had consented to work for a farmer for his board. For many days he was too weak to be of much use, but the farmer owed the doctor a heavy debt of gratitude and so for the doctor's sake kept encouraging the drunkard. The priest also helped. And when the year of pledge was nearly ended, the doctor, keeping the man in mind, with a small loan helped him to a hand-cart fish route. That

was years ago, but never a drop of liquor has the man since drunk.

The next patient in the office hastens to say she has not come for professional advice. She wants to find work. Her husband brings back only a pittance of his wages, yes, and beats her when she can give him no meat for dinner. Does she tongue-lash him? the doctor asks. "Yes, who would n't?" Then he tells her the old story of the wife who tamed her brutal husband by holding holy water in her own mouth. Does she ever herself drink? he asks. And then, taking full advantage of her discomfiture, he encourages her to try once more, and still again, to make her little home more lovely and attractive by doing the work in it that she would do for hire in other homes. He has seen wives win by this method, he tells her.

Now comes the richly dressed lady who has not concealed her impatience at having to wait her turn. Volubly she rehearses her symptoms. One would think she was the greatest sufferer on earth. Not only are all of her vital organs out of order; her maid has given notice,

and that, too, when all of the next week must be devoted to the dressmaker. No one gives her help or even sympathy. As for the last medicine the doctor gave, she positively could not swallow it, and when she did, "It made her worse." In vain the old man tries to divert her. No, she does not want to hear of others' woes; "that always makes her more wretched." Her neighbors' poverty is their own fault; why do they not save up against rainy days as she herself does?

What can be done for her? Her case would discourage the saints. And yet she is diseased, — and with the most intractable of all diseases. She is self-centered. But that does not relieve the doctor from trying to save her. Indeed, in spite of the annoyance she is to him, he pities her. And as visions flit before him of the vast amount of good she might do, of the comfort she might be to her hopeless, exhausted husband, to her poorer relatives, to the sick and suffering in her own immediate neighborhood, if only she could be persuaded to look outwards and upwards, he braces him-

self to one more supreme effort. He tells her squarely that her woes are all imaginary. Her anger encourages him. He takes up the long list of symptoms she has related and shows her how they contradict each other. His attention to her dismal story gives him the upper hand, for his memory of what she said is better than hers. Then he softens. Imaginary woes are always worse than real woes, he tells her. And when solid bottom has been reached, in answer to her appeal for help he tells her how to get up and out of herself. He does not confuse her with his own long vista of the road she must travel, of the high ladder she must climb, but he gives plain directions for the first steps. He purposely proposes what she especially dislikes. He insists that she shall call on the Italian family whose cabin she has hated to see built in the edge of the woods she blames her husband for not having preëmpted. He does not tell her of the lame girl there who he hopes will remind her of the little daughter she never mentions. Reiterating his explicit directions, he follows her out to her carriage,

partly out of politeness, partly for his own relief to see her go. Well has he earned his fee, the first one that will be charged on his books for this day.

The last to come in is the saddest case of all. At first brazenly lying, she soon surrenders under his mercilessly plain questioning. Yes, he is right. He has uncovered her secret woe. She still tries to evade all blame. Again and again she protests that it was only just once she fell, and that was when no help was near. But he has been waiting for just this chance. When her father appealed to him to talk to her, "to scare her within an inch of her life," he knew too much to join in the useless coercion. But now when she is crying so bitterly, he can do something. Nor in his heart or from his lips is there one word of condemnation for the erring child. His very silence comforts her. In pouring out her confession she finds peace, not because of any priestly absolution he can give, but because of her human nature and his. For the time being he is her father, she is his daughter. In answer to her piteous pleading

to be relieved of the burden she carries, and of the inevitable shame, he tells her of the great dangers and of the serious criminality involved. He tells her that it is not only his own unwillingness to go to State's prison, but his unwillingness to murder the defenseless, that compels his refusal. And then he gives her the chance to go into retirement, he promises to stand by her and her child so long as they all shall live. Lovingly he pleads with her. Yes, he will be the one to break the awful news to her parents, and he will plead with them that she shall not be cast out into utter darkness.

After such a day the old doctor surely deserves to have rest. You who are only following him may well be weary. But no, Mrs. Jones's labor has begun. He too well remembers what hard labors she always has. It will be a long night's job for him. Of what use is it to go out there now? Nevertheless, he goes. She will have more courage if she knows he is near at hand. And, besides, there is the old paralyzed farmer hard by who has lately been sinking peacefully away. True, he is ab-

solutely unconscious, and his devoted daughter knows his release is near. But then she has never seen a body die, and, though long expected, the end will be a great shock to her. Moreover, is it not his business to help at the going out as it is at the coming in? He remembers his old preceptor's teaching; and never if he can help it will he miss standing by his dying patients. Too many times he has been repaid by the last handclasp, and by the last look of unspeakable gratitude, to doubt such opportunities for fellow-service. And besides, he knows how those just bereft need, as at no other times in their lives, a strong friend to lean upon. He remembers how tottering he himself was when his own dear ones left him.

We need not follow him further, either in his loving welcome of the newborn child or in his steadying influence at the deathbed. Nor need we watch him as he returns, completely tired out, thankful that the world is asleep and that he at last is alone with the stars which from his childhood up have calmed him.

So much for the passing type of medical

practitioner, the old family doctor, the beloved physician. Who is taking his place? How are the medical students of to-day being taught the art of medical practice? Was there nothing lost when in the evolution of medical schools the old apprenticeship system was given up?

In the old days a young man who wanted to be a physician entered into the service of the most successful practitioner within reach. He studied anatomy and recited his daily lessons. Occasionally he had furtive opportunity for dissecting. He did the chores. He rode and he lived with his preceptor, who handed down to him the lessons he himself had learned from great physicians gone before. Of course only the common, everyday ailments were thus studied. There was little learned about the nature of diseases, but there was a lot thus learned about human helplessness. Afterwards, in similar emergencies, the man so trained would instinctively imitate his teacher's methods. And in this way was handed on from one generation to another the art of

curing or of caring for the helpless. We need not give more than passing notice to the usefulness of the courses of lectures and surgical operations that the young medical student had to attend in order to get his diploma. But it is not out of place to insist that, however valueless in comparison with laboratory research didactic lectures are, nevertheless there is positive value to the medical student in the opportunity to hear and see great physicians and surgeons giving forth their best.

The modern medical school offers most admirable opportunity for the study of disease. In the laboratories, and in the hospital wards and morgues, diseases can be studied in culture tubes, in human patients, and in guinea pigs. But, what opportunity amid such research is there for the study of human nature? Ability to diagnosticate disease is all very well. It is one of the necessary foundations for medical practice, but it is not the only foundation. A knowledge of *materia medica* is also a necessary foundation, but of what use is it to a physician ignorant of therapeutics? In the

hospital and dispensary classes it is true that modern medical students can see all manner of diseases. They can see what treatment is ordered. They may see the same patients a second or even a third time. But what can they there learn of the healing art? What inkling can be taught them there of the truly serviceable relationship between physician and patient?

It is generally believed that physicians nowadays rush into specialist practice because of their desire to excel in some one direction. Such may be the reason with some, but with many the compelling reason is their sense of unfitness for general practice. In the specialties it is not necessary to know one's patient, it is enough to know his disease; whereas in general practice poor diagnosticians are often very successful, because of their knowledge of human nature and of the art of caring for human helplessness.

There is, in short, a radical difference between the science of medicine and the art of medical practice. In the former education of

physicians little attention was paid to the science of medicine, and, indeed, there was then not much medical science; but the art of medical practice *was* taught. In the modern medical schools science is enthroned. Carried away by the brilliance of etiological discoveries, the whole strength of the schools is devoted to the study of diseases. The art of medical practice is not taught; even its existence is hardly recognized. And in consequence the graduates of the medical schools of to-day are not properly fitted for the practice of their profession.

This is a sweeping charge. Let us see if it can be substantiated by a study of the new kind of doctor. To make the contrast as plain as possible, let us see how he would meet the problems that we have just seen confront the old physician. We must of course make allowance for the difference in age and experience, but some of the new kind of doctors are by no means young, and not all of the old-fashioned doctors are even yet so very old.

Moreover, they both continue to practice

in the ways they were taught. One was taught to think first of the patient, to get into direct close relationship with him, to feel his pain and misery, and to strive in every way to relieve him. As a means to this end some thought was of course to be given to the disease. The new kind of physician, on the other hand, has been taught to give his entire attention to the disease, and even the idiosyncrasies of patients are noteworthy to him only in so far as they serve to modify their diseases.

So when we go with the younger doctor into the consumptive's cottage, it will be on his weekly instead of his daily visit. What if the girl is dying, is it not of that most uninteresting (because so common) disease? Moreover, are they not poor, and so is it not better to avoid a large account against them? But never mind his reasoning; come in with him. Brusque and hearty, he wastes no time. See him uncover the poor girl's chest to percuss it, and to listen through his stethoscope to the choking respiration and to the fluttering heart beats. Oh no, he never omits that process. Not that

he supposes it will do any good; he does it simply because he does not know what else to do. It is the way he was taught to treat consumptives. His answer to her complaints is another prescription, or another kind of tablets. To the anxious mother he is honest. He tells her, what she very well knows, that her daughter is failing rapidly. He tells her of the danger to herself of infection, and that no one can do anything for the poor girl; and, utterly oblivious of the preciousness to the mother of every day and hour of her child's life, he almost voices his own wish that the end shall come soon. Little wonder is it that families so treated turn in their desperation to the Christian Scientists and to the charlatans who, either in their absurd denials of the existence of disease or for mercenary reasons, at least leave some hope in the sick-room.

The small boy who fell from the cherry tree will fare better than the consumptive has fared at the scientific doctor's hands, for although he will yell while being examined, he will nevertheless be told that no bones are broken. And

his mother will have some comfort in hearing that, unless some internal damage has been done, the boy will be all right again.

How will the sick baby's mother fare? As far as frightening her, he can do that well enough. And he can scold her for not following his directions. Instead of the broth advised by the old doctor, orders will be left for some complicated milk modification, far beyond the mother's ability to prepare. Very likely the baby will be studied more carefully; its dejections at any rate will be. And if only his orders are carried out, the baby will have better chances of living. For it will hardly feel, and at any rate will not remember, the doctor's lack of sympathy; and the mother deserved her scolding. Will he go there again? Possibly, but not unless sent for, and it is not at all unlikely the summons will be for another physician.

The contrast between the old and the new methods of medical practice is most glaring in the department of midwifery. It used to be recognized that child-bearing after all is some-

thing of a natural process, and that most women if let alone get on very well with having their babies. Indeed, it is not so very long since doctors were first allowed to be present on such occasions. It is of course quite true that obstetric science has saved the lives of many mothers and babies who otherwise would have been lost. And it is also true that many mothers and babies have been sacrificed by meddlesome midwifery and by infections carried into the lying-in chamber by physicians. Just at the time when this fact dawned upon the medical profession, and when it would have been very becoming of doctors to hide their heads in shame for their past blunders, the new school of obstetricians, instead of returning to a more proper trust in nature, began to treat this most natural process of child-bearing as if it were an unnatural surgical operation.

It was necessary only that the doctors should disinfect themselves. But, lo and behold, they insisted upon such elaborate disinfections of the poor mothers and upon such expensive provision for the expected event,

that no wonder the problem of race suicide has engaged presidential attention. No prudent family could afford to be caught twice. The outrageously unnecessary expense, however, is a small part of the damage. The chief harm of modern obstetric practice has come from requiring such abnormal preparations, and such needless subsequent invalidism, that common folks have come to consider childbearing as a burden to be avoided.

We need not try with the scientific doctor to follow the old physician's practice too closely. Some of the latter's patients would never come to him, or stay with him long. The widow with the stricture would have been operated on long before. Perhaps she would have been made well; and perhaps she would have been otherwise relieved of her burdens.

Neither the drunkard nor the wayward girl would be so likely to appeal to the modern doctor. And if they did, they would not detain him long.

The self-centered lady would be given a name for at least some of her imaginary dis-

eases. For a time she would be highly gratified by his attention to her symptoms, by his minute examination of her body and of its excretions. And he will surely find some organ out of order. It is his business to do so. He does not yet know that persistent search for the abnormal in human bodies will reveal some trifling trouble nine times out of ten. Nor does he yet know enough to keep to himself such discoveries, at least until he has carefully estimated their insignificance. He has yet to learn how rapidly physical defects become worse under the concentrated attention of the patient and of the patient's family and friends. His ignorance of human nature allows him, and his scientific prowess inclines him, always to reveal the defects and infirmities that Nature herself is so kindly concealing. His devotion to what he conceives to be the truth is admirable. On the other hand, his implicit trust in his own observations and in his own opinions is appalling. While concerned with examinations of the excretions, or of the dead body, his methods are unimpeachable, and his

conclusions are scientifically sound; or, more strictly speaking, are in accordance with present scientific theories and hypotheses. It is when dealing with the mysteries of life that his science fails him. He has not been taught the therapeutic value of sympathy and of encouragement. In his search for diseases and for their causes he is far ahead of the old-fashioned physician. In the prevention of diseases he can be of immense use to the community. That is his real calling. That is what he has been trained for. In short, wherever knowledge of disease is needed, there the modern doctor excels. But his training has not fitted him to be a physician.

Much of human helplessness is not due to disease. There is first the helplessness of infancy, and then the helplessness of old age. And between these two extremes there are many helplessnesses of body and mind which cannot be classified as diseases. There is, for instance, the helplessness caused by imaginary disease. Scientific hypnotism, it is true, may succeed well with that, but often not so well

as the common-sense treatment of old-fashioned physicians. And then there is that most common kind of helplessness depending upon inadaption to environment. The relief of such helplessness can be effected either by change of surrounding influences or by a change of the patient's very self. But how can inadaptability be changed into adaptibility, or how can the patient's environment be changed by one who studies only the supposed disease and knows nothing of the patient himself or of his family and material surroundings?

While many of the old-fashioned physician's patients will not be found in the modern doctor's card-case catalogue, some clinical histories can be found there which illustrate the advance that has been made in medical science. And not a few of these histories, it must be admitted, begin with a record of mistakes in diagnosis and in treatment which old-fashioned physicians have made in these cases.

In some few instances the cure has been obtained by the use of modern medicines; but in most instances, where, after failure of old-

time methods, modern science has succeeded, credit will belong to the surgeon rather than to the physician. Such successes are startling, and no one would attempt to belittle the fame of the modern surgeon. But in this study of old and new methods of practicing the healing art one may at least inquire about the unsuccessful and perhaps unnecessary operations. Perfect hospital asepsis affords wonderful operative immunity. Anæsthesia allows surgical liberty if not license. And in consequence of these two great advances in medical science the character of surgeons has changed. In former years only unavoidable surgical operations were performed. The greater danger to life and the awful sufferings of the patient deterred even the boldest surgeon from unnecessary mutilations. Now when there are no such deterrents, when only unconscious patients lie on the operating table, and when the danger of wound infection has been eliminated, the surgeon's *cacoethes secondi* is unrestrained. We will not speak of the grievous wrong of unnecessary mutilations, nor of the

financial allurements in modern surgery, but we must speak of the surgical patients' sufferings during convalescence. These sufferings, although of shorter duration, are no less severe than they always have been. And if the modern surgeon had to spend the following night with his patients, he then might realize what it is to emerge from anæsthesia into a perfect hell of pain and misery. But this is not the modern surgeon's way of doing business. He must have rest and recreation in order to keep his nerves steady for the morrow's cutting. His patients' sufferings might disconcert him. So, in response to their begging for his attendance, he telephones his directions to his assistants and nurses. He may even forget to inquire if his patient has survived the operation.

For the highest surgical success it very likely is necessary that surgeons should be thus relieved of personal relationship with their patients, and of all acquaintance with their sufferings. But, even admitting the rightful existence of some few such specialists, is it a matter of no concern that the medical stu-

dents of to-day are being educated to such inhumanity? While being taught modern surgery, should they not also be taught the art of relieving, of soothing and comforting those who suffer, and of steadying and supporting those who walk in the valley of the shadow?

CHAPTER III

IDEAL NURSING: MY SEARCH FOR IT

Perhaps it is an inevitable consequence of the amazing advance of medical science, during the past forty years, that physicians should no longer devote so much of their time and attention to the immediate care of their patients. When they have made the diagnosis and given the prognosis, they content themselves with directing the treatment. Then they take their leave, to return in a few hours or days or when summoned. Their duty, as they see it, is done. Now, this is all very well when the doctor can be sure that his directions will be followed, and that his patient, between his visits will be as well taken care of as if he were at the bedside. But, just as no ship captain can rightly go to his cabin unless sure of his mate's ability to follow the course, and in emergency to do as much as he himself could do for the safety of the ship, so no doctor is

excusable for leaving his patients in the care of nurses he knows nothing about.

The responsibility for the immediate care of the sick has been shifted within recent years from the medical to the nursing profession. This transfer has gone too far. That the doctors know they have no right to their freedom thus gained, and that nurses have none to the independent authority they have been allowed to assume, is plainly shown in the different way they arrange for the nursing care of sick millionaires and statesmen, whose wealth or prominence adds nothing, of course, to their right of life. This elementary Christian principle was only lately exemplified by the officers and other heroes of the Titanic. The same obligation of impartiality in the saving of life rests also upon physicians.

If the objection be made to my illustration that in the care of sick magnates there is no need of such constant medical oversight of the nursing as is commonly lavished, then let only such cases be considered where in the physician's judgment his constant attendance

would be of advantage. Not in every battle need the general be at the front. Usually he can trust his subordinates to execute his orders, but that is because he has selected and trained them or at least has made himself sure of their ability and discretion. In any case he himself is responsible, not for the issue of the battle, but for having everything done that can be done to win.

In the same way the physician is justifiable in leaving the immediate care of his patients to their nurses only when he has trained them or at least has made himself sure of their intelligence and faithfulness. It is not enough that they have been recommended by some employment agency, or have passed some state examination. Nor is it fair to put upon the patient's family, as he often does, the whole responsibility of selecting his lieutenants. Plainly it is the physician's business to know more than he generally does know what ideal nursing is and how to get it.

As civilization progresses, one kind after another of our common human duties becomes

specialized. In ruder times there was only the division between man's work and woman's. Even that division was not clearly defined, and one sex must often have undertaken the work more properly belonging to the other. In spite of the current notion that there is no really proper man's work that cannot as well, if not better, be done by women, there can be at any rate no question that some kinds of work can be done by women much better than by men. Thus women must have always excelled, as they now and forever will excel, in caring for the helpless. But in this age of specialization of labor, this work, that so peculiarly belongs to womankind, has within recent years been delegated to the profession of nursing. I need not point out the importance, not only to the physicians whose business it is to direct the nursing of their patients, but also to the women who have thus, and perhaps too hastily, surrendered their peculiar field of service, of knowing just what is involved in this new specialization. What is meant, what ought to be meant, by trained nursing?

In succeeding chapters I shall try to answer these questions. But now I shall only tell what I have happened to see and hear while searching for the ideal in nursing.

My mother was one of the old-fashioned night-watchers, as those women were called in New England, who were always ready to help care for sick neighbors. As a boy I heard much of what she did for them, and later when I had begun my medical practice I sometimes had her help as the volunteer nurse. I am sure it is not merely from filial pride that now in looking back I consider her nursing in its efficiency and tenderness nearer the ideal than what would generally be considered excellent to-day. I state this conviction in order to emphasize the fact that nursing is not a new but rather an old art. And an art, of course, can be learned only by imitation of masters of it. Proficiency comes afterwards by long experience, provided always that it is heart work as well as head and hand work. This was the way the old-time neighbor night-watchers learned the art of nursing. Nor was their after experience

small. My mother, for instance, could count a hundred babies she had seen born. And I doubt not she also had stood by helpfully as many more older folks whose lives were hanging in the balance.

In the fact that some women considered especially able were thus "improved" in neighbor nursing, there was already a beginning of that specialization we now see so highly developed. A second stage was exemplified by the old-time experienced nurses, as they were called, who were paid moderate wages for their services. A great mistake has been made and a great injustice done in classifying them as "Sairey Gamps." Such may have been the type in London; but not in this country. Many of them were better nurses than the average trained nurses of to-day. They were hard-working, self-respecting, honest, kind-hearted women. So, at least, were all I have ever known. Bigoted, no doubt, they were, and less teachable the older they grew. And they were never very young; for in point of fact only middle-aged women "went out nursing."

No one of them I ever knew was willing to admit she did not know everything. That, in their estimation, would have been destructive to their stock in trade. But, in spite of all these rather trying characteristics, these old-time nurses were immensely useful.

I shall not describe here the very different class of women who were the hospital nurses of the past. They were a bad lot, judging from what I have heard, and from the reports of the investigating committees. They were to be found only in the hospitals, never undertaking private family nursing, and by my student time, thirty years ago, the large hospitals were already redeemed by the new training schools. Only their unsavory memory remained.

We have now reached the third and present stage in the development of the profession of nursing.

Forty years ago I remember a charming visitor at our home, Dr. Susan Dimock, trying to persuade my mother to allow one of my older sisters to enter her training school for nurses, which she was about to start at the

New England Hospital for Women and Children. This was the earliest American school for nurses. My mother's objections were emphatic. Contrary to Dr. Dimock's insistence, that such a school and such a career was entirely suitable for well-educated young women, my mother maintained that nursing, excepting of course volunteer neighbor nursing, could properly be undertaken only by mature women who must in some way work for their living. To her the idea of a daughter leaving her parents' home for such a calling was intolerable. She knew of Florence Nightingale's Crimean service. Who did not! But she knew nothing of the Nightingale School at St. Thomas's. I remember feeling at the time that Dr. Dimock somehow was right in her contentions. And I shall never forget her earnestness and her disappointment as I drove off with her to the railroad station.

In 1883, as house physician in the Boston Lying-in Hospital, I was suddenly confronted by the nursing problem, in all its perplexity. I was told that I was responsible for the

nursing service, and that if any nurse was disobedient or inefficient I must discharge her. That was before there was any pretense of a training school there. The nurses came to earn their living and to learn how to do that particular kind of nursing in private service afterwards. They were of all sorts, and had been in the habit of behaving toward the house physicians, and with them, about as they pleased. There was no head nurse. Fortunately the matron, Mrs. E. J. A. Higgins, one of the ablest and finest women I have ever met, heartily approved my decision that thereafter all criticisms of the nurses should be given to them through her. This innovation the nurses naturally enough resented. I was boycotted and duly informed in a letter signed by them all that I need expect from them only written communications. This proved to be a help rather than a hindrance; for it was the beginning in that hospital of written orders and written reports. They were obedient, and before long, in spite of themselves, they began to be interested in the course of lectures I gave them;

very likely the more readily because they knew that these lectures were given in disregard of the objections of the hospital staff, in whose opinion nurses should learn only from experience and without the aid of theoretical instruction or any explanations of the principles underlying their duties. Some of these nurses turned out very well. From them I learned many a valuable lesson. My ideal of nursing began to take definite shape. And the year after, in private practice, I sorely missed their help.

After having worked with pupil nurses, I could not get on with the old-time experienced nurses, who either would not or could not record even their inaccurate observations. I might have learned how to work with them had there been more occasion for it; but it was seldom their services were to be had, even after hunting the town over for days at a time. As a class they were already disappearing. There were, in place of them, a few of the modern trained nurses, but only in rare instances could such be afforded by my patients.

Nor were these always satisfactory when secured. To my great disappointment the graduates of the few schools then existing, excellent as their work had been in the hospitals during their training, when given private practice could not accommodate themselves to such very different service. This I found to my great surprise was also true of the nurses I myself had trained in the Lying-in Hospital. In many ways, hard to define because the real spirit of good service is here involved, the modern nurses were not so helpful as were their untrained predecessors. This failure was particularly noticeable in the nursing of convalescents and of chronic cases, which, after all, give physicians and nurses by far the largest part of their occupation. There is no doubt of the fact that modern nurses as a class have not even yet fully succeeded in satisfying either the physicians or the families where they have served. Some few have been helpful, comforting angels. Many more have given faithful service and have well earned their wages, for which alone, as they freely say,

they have labored. Some have not even taken pains to conceal their positive dislike for their work. Plainly such women show either their personal unsuitability for the nurse's calling, or the lamentable results of improper training.

Had I not elsewhere, in reports of the Waltham Training School, described in full detail my efforts to train nurses, I should here have to tell that story; for I have described the predicament I was in when beginning my practice. Realizing how important it is for the patient to have the best possible nursing I felt myself forced to provide it for them. Either I must do the nursing myself or I must see that it was done by others, who knew, at any rate, all I could teach them. And as soon as our school of nursing was fairly begun, this obligation was vastly extended, for then I was forced to provide that our pupil nurses should be taught as much as any one could teach them. This led me to search the world for ideal methods of teaching nurses.

In the spring of 1888 I had my first chance to visit hospitals abroad. I had read every

publication about nursing that I could find, and was convinced that after Miss Nightingale's classic "Notes," the best work was by Miss Eva C. E. Lückes, the matron of the London Hospital. When I went there and told my kind guide, Dr. Mackenzie, in answer to his question as to what I especially wanted to see, that I wanted to meet Miss Lückes, I was surprised to hear him say that he would see if that were possible. In this country if the superintendent of nurses was wanted, she came when summoned. But there, we went to her outer office, explained our desire to her courteous office nurse, and were informed that, by waiting perhaps half an hour, we might "see matron." Before that time expired a pleasant lady came out of the sanctum. Dr. Mackenzie bowed low and whispered to me, "The Princess Beatrice." We were then ushered in. It was matron's receiving afternoon. She greeted me cordially and gave me an appointment for the next day. Then, and also when I have since visited her in the charming apartment provided by the Hospital for her

use at Bexhill-on-the-Sea, I realized how differently hospital matrons are regarded in England and in America. There they recognize that hospitals, after all, are really homes for the sick, and that there can be no home even for well folks unless there is a woman at the head of it. Until these elementary facts are also recognized in this country, and until our ablest women undertake this noble service, we need not expect any higher development of American nursing.

I will not at this time tell about other great nurses I saw during my first visit to the many other famous London hospitals, nor could I within short compass acknowledge the help I so gained. To Miss Swift of Guy's, and to Miss Monk of King's College Hospital, I am especially indebted. But I must not leave Miss Lückes without thanking her for her kindness in the years following; for not only have we had her valuable criticisms of all we have attempted in our Waltham School, but our nurses have again and again been most cordially welcomed in their long visits at the London

Hospital and at Tredegar House, where her probationers are trained.

Eight years afterwards, in 1895, I saw Florence Nightingale. I had been told that it was out of the question, for she in her invalidism would not see even old friends, and never strangers, especially men. I wrote to her that I had been studying Fliedner's deaconess school at Kaiserswerth-on-the-Rhine, where she was trained, and that now I wanted her direction in studying the varying methods of training in England. She replied very kindly, but referred me to the excellent matron of St. Thomas's, Miss Crossland, who was at the same time the superintendent of the Nightingale School for Nurses at that hospital. That was all very well, but, as I afterwards wrote to Miss Nightingale, I had not yet found the authoritative guidance I needed for my own undertakings. Then she very kindly gave me an afternoon appointment. You may be sure I kept it! But my cabman evidently thought me crazy when I would not let him stop at the Marble Arch, through which, as the bobby

confided to him, Queen Victoria was soon to pass.

At the door of her modest home, near Park Lane, I was met by a nurse who took me upstairs into a large drawing-room. There, reclining on her couch, as she had been forced to do for forty years, was Florence Nightingale, the most famous woman of the nineteenth century. Her beautiful snow-white hair, her lovely fresh complexion, her sweet voice, no one could have helped noticing and forever remembering. She kept asking questions, about Kaiserswerth, and about our Waltham School, which she criticized because of the too large amount of didactic instruction given there. She had read everything I had sent to her, as I soon discovered; and she said she could not understand why we thought it necessary to teach nurses so much anatomy, for instance. Tea was soon served. She poured my cup, asking just how I wanted it, and when I was too busy with my questions, she called my attention to the fact that it was cooling, and finally said it was evidently not to my liking.

Then I had to stop to drink it. Fearing I was overstaying, I started to go, but she kindly urged me to stay longer, and finally, in answer to my beseeching, she advised me to take for my model one particular school to which she gave me her introduction. She was far from pleased and satisfied with the hospital training schools as they had developed, and especially with their failure to attract the best women. Whereas, she went on to say, she at first had had difficulty in persuading young women to undertake the nurse's calling, and then got only the very best, now floods of applicants came, but generally only from mercenary or sentimental reasons. When at last I was tearing myself away, she detained me for a moment longer, asking God's blessing for me and for my work.

During my visit I had been given her permission to send to her any of our teachers of nursing who might go to England for further study. Most graciously was her promise to help them kept, and they would be far better able than am I to tell how much the Waltham

School owes to Florence Nightingale. And I must hurry on to describe the training school that she advised me to take for our model. It was the school selected soon afterwards by the Queen's advisers as most worthy of extension by the Golden Jubilee Fund, which she had decided to use for the furtherance of nursing. The Metropolitan and National Nursing Association was even then the sonorous name of a small institution. When I went to its modest headquarters, I found to my surprise both pupil nurses and their teachers out. And where? "Why in the districts, visiting the sick poor," was the answer. There I found that probationers were thus given their first lessons. If they proved their aptitude, then, and only then, were they sent to the hospitals for one year of training and afterwards taken back for the completion of their course in the district work. Miss Amy Hughes, who afterwards became the chief of the Queen's Jubilee nurses had been the superintendent, but I saw only her assistant and successor, Miss Grey.

Now the light began to shine. Here was

realized Miss Nightingale's heart-wish for nursing: the true spirit of helpfulness to the sick and suffering was made of first importance. Technical skill and theoretical education, the latter in only moderate amount, were to come later in the pupil nurse's training. Their hearts were first to be exercised by bringing their kind impulses into action. This as was there believed can be better done in the patients' homes than in the hospital wards; and as years go by I am more and more convinced that this way, which Miss Nightingale commended, is the true way of training nurses. But, as I must regretfully acknowledge, in this conviction the Waltham School stands almost alone; and, for attempting to follow this ideal, its graduates are ostracized by every nurses' organization of America. Even from the leaders of the nursing profession we have, with few exceptions, met only with condemnation. But our critics are not to blame. Their own education and training has been in hospitals only, and they fully believe that such education and training is all that is needed to

fit women for highest usefulness in private nursing. Under this system, it is true, hospital nursing has been revolutionized, but nurses, alas, have become institutionalized.

Some years ago, after I had been pleading in a Canadian city for the establishment of visiting nursing, in commemoration of Queen Victoria's Diamond Jubilee, a lady came forward with this sad story. From her mother she had learned the joy of volunteer neighbor nursing, and then to fit herself better for it she had taken the course of training in one of the large Boston hospitals. After graduation she had served for several years as a head nurse there. Then she came home, intending to resume neighbor nursing. But, to her dismay, she could not do so. Somehow she had lost the power, and she said she never knew why. Evidently it was not that she now knew too much, nor that her technique was over-developed. No, it was simply because her love of fellow service had not been equally amplified. That greatest of motive powers is God-given, and, like every other talent, if buried in a

napkin, is lost forever. In the large hospital wards she had given faithful service to many, but with whole heart devotion she had served not one. Infected with the spirit of much of the modern practice of medicine, she had been interested in the diseases more than in the individual sufferers therefrom. I hasten to say that such a result of hospital training is in my judgment by no means necessary; and it may not be very common. Let it be taken, then, as only an exaggerated example of a dangerous tendency in modern methods of training.

Ten years ago, I had reason for hoping that the education of nurses would be undertaken in several of our leading universities. Harvard University at that time was ready to undertake a school of nursing in connection with its Medical School if sufficient funds were provided. And I was commissioned to study the whole subject. That gave me a year for further search in training schools here and abroad for ideal nursing and ways of teaching it. I will not even summarize my many dis-

appointments. It will better serve my purpose to give some of the encouraging finds.

In the German hospital of Philadelphia I found the nursing very like what before I had admired in the deaconess hospitals in Germany, and yet these nurses were not deaconesses. How, then, had the beautiful spirit of consecrated service been transplanted? I asked their chief, who, with tears of gratitude for appreciation she said she seldom received, insisted that any excellence in her pupil nurses was due wholly to the fact that she, their teacher, had been trained in Neuendettelsau, near Nuremberg. Thither I hurried. Could I only put in words what I there saw and heard, that would be enough. My lay readers would then understand what I mean by the ideal, by the true spirit, of nursing. And yet most modern nurses would laugh at the story. Where, they would ask, was the hospital? In fact it was not easy to find, so tiny was it. And what of the *crèche*, with its happy well-fed babies, or of the home for the aged, where every one was busy in doing something for others, and not, as

in such "homes" here, wearied by being done for; — and what of the asylums for rescued women, for the blind, the epileptic, the insane? Surely, as most modern nurses will say, it is not in such service, nor in the visiting of the sick in their cottages, that a proper training in nursing can be given. No, not from their point of view. But, be it ever remembered, it was in just such an institution that the greatest nurse who has ever lived was trained, and that with this training she was able to revolutionize hospital nursing. There were but few beds in the Kaiserswerth Hospital; at Scutari there were thousands, yes, and more thousands of sick and wounded men waiting for beds to be emptied. This shows the egregious folly of estimating the value of a nurse's training by the number of beds in the hospital where she serves; for her efficiency, of course, depends solely upon how well she is taught to meet, yes, and to forestall, the countless needs and wants of each individual of the very few that any nurse can simultaneously take care of.

The fact is that our modern nurse and the

old deaconess can neither understand the other. Thus to the stiffly starched, white-uniformed American nurse the soft, dark-blue gown of the deaconess seems very un-nurselike; it does not rustle enough. The difference, however, is far deeper than the garb. It is in the spirit. Our nurses cannot understand the pious motive that inspires the deaconess, that makes for her all drudgery a joy; nor can they appreciate the importance in the sick-chamber of her gentle demeanor and jealous prevention of every disturbing noise.

There may not be among our nurses, on the other hand, so much worldliness as the deaconess would conclude, for our nurses often conceal their better selves, and, indeed, many seem to affect a worldliness that is not really theirs. They think they must have seen and must talk about the latest plays, that they must read the novels of the day, and be well up in society gossip. Whether or not this is affectation on their part, nursing is not the real vocation of such women. If ever they have felt the soul-satisfying delight of helping the

helpless, they have somehow lost the guidance of that feeling; and we miss the lovely shine of it in their faces, the sweet sound of it in their voices, and in their hands we miss the tenderness of touch. This lack in them it is that makes us wish we might have with us, when our last hours shall come, nurses more like the dear old motherly deaconesses.

Some years ago I was in Berlin at the time of the International Congress of Nurses. For months I had been admiring the work, and especially the spirit, of the German nurses. I knew something of the nursing in every one of the hospitals, and I offered to serve as guide to any of my countrywomen who had come to that congress. But they told me that they had been forewarned not to waste their time in visiting the Berlin hospitals, where they would find nothing worth seeing, and, moreover, that their time would be fully occupied with their business meetings. I succeeded, however, in persuading some of them to go with me in the early mornings to see how wonderfully the ward work was done when the

night nurses were reinforced by the day shifts; and at the noon intervals to see how the children's wards were hushed and darkened for the little patients' naps; and to the special wards for the dying, which are always next the chapel so that the organ and the old German hymns the sisters sing may be the last sounds heard, to see there how beautifully the dying are soothed and comforted.

From Germany we went to Switzerland to see the famous training school of La Source at Lausanne. It was founded by the Count and Countess de Gasparin in 1859 for Protestant laywomen, thus antedating by two years the Nightingale school at St. Thomas's in separating the profession of nursing from the religious vocation.

To those who believe that nurses can be well trained only in hospital wards, the results of the school of La Source will never be intelligible; for not until after half a century of its existence did the pupil nurses have any hospital training, and even now the small hospital conducted by the school has only a

few beds. The training has always been given in the homes of the patients and in the dispensary for out-patients. Each day the pupil nurses assemble in class for lectures and demonstrations. In their visiting nursing they have constant teaching supervision. Better nurses have never been sent forth from any school. Not only in private service, but also as matrons of large hospitals and as head nurses of wards and operating-rooms, these nurses have won enviable distinction in many different countries and consequently are in great demand.

It was a great pleasure to meet the able director of the school, Dr. Charles Krafft, and to see and hear his admirable teaching. No better instructions for nurses have ever been published than his concise explanations of the principles involved in the nursing of sufferers from all kinds of maladies and injuries. And no other nursing journal has equaled the "Organ de l'École de la Source" in emphasizing the true spirit of nursing. It is beautiful to see how reverently they cherish the memory

and counsels of the noble and pious founders of the school.

Mrs. Rebecca Strong, of Glasgow, was the first to recognize the necessity of teaching pupil nurses the physiology they need to know before giving them work in the wards. Until then, and in fact as even now is the case in ninety-nine of every hundred training schools, this theoretical instruction was given to them in their spare hours, no matter how tired their bodies and brains might be with long day or night nursing. Mrs. Strong saw the wrong and folly of this, and she obviated it by instituting the first preparatory course of theoretical instruction for probationers. Had she done nothing more for the advancement of the nursing profession, no such pilgrimage as I had undertaken would be complete without visiting her at the Royal Infirmary. Moreover, she had been so kind and helpful to the principal of our Waltham School, years before, and we owed so directly to her our own preparatory course, that it was a duty as well as a privilege to make this visit. We expected much and were

more than rewarded. No one after seeing her could have any fear that, by emphasizing the factor of intelligence in nursing, there need be any sacrifice of the other equally important factors of technique and heart devotion.

In Edinburgh, I was told that if I wanted to find out how Scottish nursing had attained its excellence, I must see Joseph Bell, who has been described by Conan Doyle under the name of Sherlock Holmes. So I rang his doorbell, and was admitted to his library. There at a large desk-table sat the man, thin and spare and white-haired. For an age, it seemed, he neither turned nor spoke, although my name had been shouted by the butler. When finally he deigned to notice my intrusion there came a volley of questions, "Who are you? Where are you stopping? How did you know enough to go to that old-fashioned inn, the best we have? Is your wife here with you?" I tried to answer, but he did not seem to heed my words. He looked me over and up and down. Then he rang for the butler and fired off at him,

"What have we in the house to eat? Can't you get a duck or something or other for these Americans?" Before any answer could come from the butler, I was bidden to go, but to return with my wife "at seven precisely."

With some trepidation we went, but a more gracious host than old Joseph Bell never was or will be. After dinner he told at length how in the late sixties they had appealed to Miss Nightingale for her help in reforming the nursing at the Royal Infirmary, and how she had sent to them from St. Thomas's Miss A. L. Pringle, who in the sixteen years of her matronship had revolutionized Scottish nursing. And then he told how, after Mrs. Wardroper's leaving the Nightingale school, Miss Nightingale asked for Miss Pringle's return to St. Thomas's. There was a great outcry against this, but remembering their obligations they felt bound to comply. So their great matron went to St. Thomas's; and from there, within a few years, because she became a Roman Catholic, she was allowed to resign. This was bitterly told. "Had she become a

Buddhist, she would not have been allowed to leave Edinburgh," he added.

Acting upon his advice, I sought Miss Pringle, and to my joy she agreed to come to America and for a short term to take charge of the Waltham Hospital. As happily she is still living, and in active service, I dare not speak of her as I fain would do; but without more than passing mention of her remarkable character and career the story of my search for the ideal in nursing would be marred by a serious omission. In the two years she was with us we saw in everyday faithful service Florence Nightingale's favorite follower. We saw how each patient, and every patient's family and friends, received from her the loving welcome, the real sympathy, the individual interest, that all who suffer in mind or body crave and need. We saw them encouraged, and, when that was impossible, comforted. No one who was ever privileged to work with Miss Pringle could afterwards doubt the possibility of ideal nursing.

I cannot close this chapter without saying

something of Pastor von Bodelschwingh's work. If there is any one institution where may be seen in operation, in the care of every kind of human helplessness, the true spirit, the highest ideal of nursing it is at Bielefeld, in Westphalia. Not since Theodor Fliedner has there been such another directing genius. To see the man was like a benediction; but "No, no," he said, "it is not me you must want to see; it is the work, the work."

The story in part may be read in "The Colony of Mercy," but so far as I know, this greatest humanitarian work of the age has nowhere been properly described. Five thousand more or less helpless men, women, and children were under Pastor von Bodelschwingh's care at the time of my visit. Every single one of them was happy! And the double reason of that evidently was that each was receiving individual loving care and each was at the same time working for others. Not till the last breath is any one there deprived of this privilege. For instance, in the children's ward, a dying girl was radiantly happy because she

was still allowed to soothe by patting with her wasted hand a hopelessly deformed younger child who, the nurse said, was always quieted when crooned to by this little comforter. Out in the courtyard were partially crippled tots, merry at their task of sweeping away the fallen leaves. We watched them till they hurried to their benches where, before dipping into their bowls of porridge, they folded their small hands and asked God's blessing. By the river-bank we met a half-witted boy dragging along, one on each side, two almost helpless idiots. No one else, we were told, could make those idiots take their daily walk. All three were happy, but the boy's face was radiant. "My mother is coming to see me," he called out to us. "Once a year she makes this visit," we were told, "and he is always looking forward to the next time." In the Feier Abend Haus, the home for the happy close of this life, an aged blind woman was busy rolling bandages, humming to herself meanwhile. When asked why she sang she answered because every one here and God above is so very kind. But it

was plain that one reason for her happiness was in the work she was given to do. This foundation of happiness for the disabled, only lately recognized in this country for its therapeutic value, is the main principle not only in the Bielefeld institutions, but also throughout Germany.

In Kaiserswerth years ago I was taken into the garden to see their oldest nurse. She was not of the first year's class, for she entered Fliedner's school during its second year. She had long since had her golden jubilee, after fifty years of nursing service. There she sat under an apple tree, then in full blossom, busy counting the linen as it had come from the laundry. Behind her was a smiling young probationer keeping tabs, who, in a voice aside, told us that the dear old nurse could no longer count straight, "but we never let her know that." Here evidently is one of the principles of perfect nursing service, — to supplement the patients' inability and incapacity in such self-effacing ways as may most surely escape notice, all the while providing for them

just so much occupation of mind and body as will refresh and not fatigue them. But this, after all, is only one of the countless methods of the art of nursing, and not of much use is this or any other method unless employed by those who find their deepest joy in loving fellow service. Only such can ever be excellent nurses.

CHAPTER IV

THE ART OF NURSING IN THE OLD WORLD

UNLIKE all other arts, the art of nursing belongs distinctively to the Christian dispensation. Undoubtedly the sick and suffering have been more or less tenderly cared for by their friends from the beginning of civilization, but the obligation of caring for all the helpless was first taught in the parable of the good Samaritan.

In apostolic times pious women began to be set apart and consecrated as deaconess nurses. One of them, Sister Phœbe, is described by St. Paul in his Epistle to the Romans as having been a "succourer of many," among them himself. She was a district visiting nurse, and no better description of such service has since been given. But nursing was only one of the early deaconess's functions. She was also a missionary, a teacher, a dispenser of alms, and an assistant in the church services.

In the early centuries of the Christian Church there were many followers of Phœbe's example. In Constantinople, for instance, in the year 400, there were forty such women serving as parish nurses, and in 600 A.D. the Patriarch of that city dedicated the church of the deaconesses, which remains to this day, but now serves as a Turkish mosque.

During the Middle Ages many different religious orders were established with the care of the sick for at least one of their objects, and by the eleventh and twelfth centuries hospitals came into existence.

Immediately following the Reformation there was a revival of the deaconess orders in the Protestant churches. In the "Confession of Faith" of one of the Mennonite congregations of Holland, dated 1632, there is an elaborate definition of the deaconess's duties as parish nurse that would serve to-day; and there are records in Amsterdam of such service in the preceding century. It is interesting to us New Englanders that the Pilgrims during their sojourn in Amsterdam had a deaconess nurse.

During the sixteenth and seventeenth centuries the great nursing orders of the Catholic Church were founded, the Ursuline Sisters of Charity in 1537, the St. Vincent de Paul Sisters in 1634, and the Sisters of St. Carl Borromeo in 1663.

Many nursing orders of women and some orders of male nurses have since been organized both in the Catholic and in the Protestant churches. But none have done so much for the advance of the art of nursing as the Lutheran deaconess orders of Germany, which were founded in the second quarter of the last century. The most famous and the earliest of these deaconess nursing schools is the one established in 1836 by Theodor Fliedner at Kaiserswerth on the Rhine. In a way this was a revival of the early deaconess institution, but really it was much more. It was the first training school for deaconess nurses.

Three years earlier Fliedner had established an asylum for discharged women prisoners; and this rescue work became a part of the Kaiserswerth deaconess institution, and also

a part of many others that have since been founded on the Kaiserswerth plan.

Another department of these institutions, which still largely occupies their attention, is the kindergarten and children's school. This, in so far as the care of orphans is concerned, is nurses' work; but it has been extended in many of the deaconess institutions not only to day schools for the neighborhood, but also to great boarding-schools, the income from which largely serves to support the institutions.

The deaconesses are also employed in various other directions — partly for the service of the surrounding community and partly for the income thus derived — which cannot by any stretch of definition be considered as belonging to the nurse's calling. In many of these employments it is true that occupation is found for the reformatory girls, for the orphans, and for other wards whose partial helplessness is due to defects of body or of mind. The superintendence of such defectives, of course, rightly belongs to the nurse. But, on the other

hand, in many of these employments only the deaconesses themselves are occupied.

The one controlling purpose of the deaconesses' life work, as it is of the Catholic Sisters, is that of saving their own souls and bringing others to the knowledge and service of Christ. Accordingly greatest stress is laid upon religious observances. The deaconesses are consecrated in the churches; they work under the immediate control of the clergy, and in reality serve as their assistants.

The Protestant deaconesses, however, are not so strictly bound to the Church as the Roman Catholic Sisters are. They are free to leave at any time. They may even marry if they choose to do so, without the slightest reproach, although that of course involves their separation from the order. They serve wholly without pay; but their home and clothing and pocket money is given them, and when sick or helpless from age or other cause they are beautifully cared for by the "mother house."

As regards their strictly nursing work, which now alone concerns us, it is rightly considered

as a notable advance upon all preceding nursing. As Dietrich, in his history of nursing, says, "It must not be forgotten that, through the introduction of deaconess service in the hospitals and district visiting nursing, there instantly came an improvement, and one might say an awakening, of the practice of nursing throughout Protestant countries, which led to the great improvement of hospital methods."

When we remember the preponderating influence of Germany in the wonderful medical advance of the last century we have great reason to be thankful for the life work of Theodor Fliedner. He was born in 1800, and died in 1864. There were then sixteen hundred deaconess nurses working in four hundred different places. In 1897, sixty-two years after the work was begun in Kaiserswerth, there were fourteen thousand such deaconess nurses, belonging to eighty mother houses, and working in all parts of the world.

And yet, although the number of deaconess nurses is still increasing, nevertheless their

influence in the profession of nursing is waning. Even at the most celebrated of the "mother houses" in Germany there is a growing scarcity of probationers. In America it has been proven very difficult for the deaconess institution to find foothold.

As missionary stations in heathen countries the deaconess hospitals are still of great service, veritable oases in the desert, and homes of refuge for travelers. In some parts of Europe, as for instance in Westphalia, where during recent years there has developed a mighty religious revival, the deaconesses are still the main dependence in caring for the helpless. But in the larger cities of Germany, where half a century ago they were the only good nurses, their nursing work is now equaled if not surpassed by that of the lay nurses.

Although the deaconess influence in the nursing world is not what it formerly was, nevertheless no history of nursing and no survey of present methods of caring for the helpless can be complete without giving to deaconess nurses a large share of attention. As has

already been pointed out, like the Catholic Sisters of Charity they are busy in various other employments; and, only in lesser degree than the Sisters, the deaconesses make their religious observances of first importance. Nursing in their estimation is distinctly a Christian service. In feeding the hungry, in clothing the naked, in visiting the sick and the prisoners, they fully believe they are ministering unto their Master. One of the famous mottoes of the deaconesses is, "What do I desire? I desire to serve. Whom do I desire to serve? The Lord, and his poor and suffering. And what is to be my reward? I serve for neither reward nor thanks, but in gratitude and love: that I am permitted to serve is my reward." Their inability to understand how nursing service can be well performed by lay women unconnected with the Church probably reproduces the feeling of the monks a thousand years ago when the practice of medicine was first separated from the priesthood. And, just as the world now accepts medical service from physicians who not only are unbelievers in

Christ but who even deny the existence of the soul, so in the matter of nursing service it is now with those who need it a question of the nurse's skill and knowledge rather than of her piety and religious devotion. And yet even those who believe in the existence of only this material world cannot help admiring the scrupulous fidelity, the unselfish devotion, and the loving tenderness of the nurses whose service for the sick is for their Lord's sake.

The most important outward distinction between the nursing done by members of religious orders and that of modern nurses is in the wider field of the former. Modern nurses generally are occupied in nursing only the acutely ill; while deaconesses care also for all forms of human helplessness. The same difference is noticeable in the training the two kinds of nurses receive. The modern nurse is trained in hospitals. She there learns how to care for surgical patients, for the victims of accident, and for acute medical cases. Perhaps she may also have some midwifery experience, and possibly some training in the care of contagious

and infectious diseases. But the common forms of human helplessness she never even sees. The deaconess, on the other hand, begins her training in the *crèche* in caring for well babies whose mothers are unable to care for them, and then she serves in the asylum for the helpless aged. She has training also in the care of the feeble-minded and the insane; and most important of all she is trained in caring for these commoner forms of helplessness, as well as for the acutely sick, in their own homes.

The aim of the deaconess institution is to serve all the needs of the community, while the service of the modern hospital is restricted to the care of the rarer forms of helplessness. Against common chronics and all incurables the doors of the modern hospital are shut.

The deaconess is trained to help the home and family of her patient. The modern nurse knows how to make the home into a hospital; she also knows how to exclude the family, and too often she does not know how not to make life miserable for the servants.

In the small hospitals of the deaconess institutions there is a homelike atmosphere seldom to be found in the larger and more scientifically famous institutions. Nor is there wanting the necessary application of modern science. The operating-rooms are just as aseptic, and the after care of the patient is just as thorough, as anywhere in the hospital world. No detriment comes from considering each patient as a living soul, rather than as an interesting pathological case.

The homelike feeling that pervades the deaconess hospitals is mainly due to the fact that in them woman's influence is supreme. Every hospital, of course, ought to be a home for the helpless. But no home even for the well can exist except a woman be at the head of it. Much more is this true in the case of homes for the helpless, where mothering is especially needed. And yet in the modern hospital palaces, supported by charitable endowments or by public taxation, there is dire dearth of true hospitality. The men trustees, the physicians and the surgeons, the male

superintendent and his male assistants, and the host of young house officers, to say nothing of the medical students who overrun these hospitals, somehow fail to make the wards homelike. It is true that there are nurses and ward maids under the charge of matrons and women superintendents; but in our modern hospitals women, whatever their titles, are merely servants under male supervision.

The deaconess hospitals are not magnificent. Many of them, indeed, are dingy old buildings, but in them the patients are at home. At the head of each hospital there is a "mother." The surgeons and physicians visit their patients there as they would visit them in homes where every appliance and every assistance is at hand. Unconsciously, no doubt, this professional service is more personal because of the mother's interest in each individual patient: moreover, it is engaged and paid for by the institution. Perhaps for this reason among others the doctors coöperate with the mother and the Sisters in carrying into effect the spirit of the institution, which is to treat

every patient as belonging to the family at least for the time being.

As is well known, Florence Nightingale received her training in nursing at Kaiserswerth, under Fliedner's deaconess nurses. The Nightingale School for Nurses, which she founded at St. Thomas's Hospital, in 1861, with the thank offering given her by English women for her famous service in the Crimean War, introduced in England the spirit of deaconess nursing.

No more saintly nursing work has ever been done than that of some of the early pupils of this Nightingale School. Agnes Jones, for instance, who was also a Kaiserswerth pupil nurse, for her wonderful redemption of the workhouse hospital in Liverpool deserves canonization.

Because of the popular opposition to young women's undertaking the nursing career, which until then had been undertaken only by women who had previously failed in every other direction, only the noblest women ventured to enter the new school in response to Miss Night-

ingale's soul-stirring appeals. The success of the new régime was thus assured. And very soon throughout Great Britain there was a demand upon the Nightingale School for hospital matrons, for head nurses, and training-school chiefs, that could be supplied only by sending out to these posts pupil nurses who had received perhaps only a year of hospital training. But these were women of previous thorough education, including all household arts. Many of them were possessed of independent means and had paid large fees for their training in nursing. In actual nursing ability, according to modern standards, many of them were not proficient, but they knew how to redeem hospitals.

Even earlier than the Nightingale School several Anglican sisterhoods undertook hospital nursing as an avocation. Although their work in both England and America has been admirable, there have been too few of them for any notable influence upon the profession of nursing.

The excellent character of the training

schools and hospitals of England and Scotland is largely due to the matrons who were trained at St. Thomas's during the early years of the Nightingale School, or in the daughter schools of that institution which were almost as fully under Miss Nightingale's influence. In some important respects there was thus continued in English hospitals the characteristics of the deaconess nursing in which she herself was trained. For instance, the matron of the hospital holds a position not unlike that held by the "mother" in the deaconess hospital. The head nurses are "Sisters." And in each hospital there is a chapel with its chaplain. Religious services are regularly held in the wards. In many of the hospitals there is provision for a graduate staff of nurses, and from some the undergraduates are sent out to private nursing.

But, in spite of these resemblances, English nursing differs essentially from deaconess nursing in that the English nurses do not belong to religious orders. The laicization of the profession of nursing began with the establishment of the Nightingale School, but it

has not yet extended far beyond the English-speaking people.

In the hospitals of Germany deaconess nurses are often to be found working side by side with lay nurses, or in special wards of the hospitals. But most of the large public hospitals are dependent for their nursing upon organizations formed upon the pattern of the deaconess institutions and differing from them mainly in being devoted exclusively to nursing. The nurses in these hospitals belong to a "mother house," where they are trained in the domestic arts before they are given hospital service. Afterwards they are sent out to private or district visiting nursing from the same headquarters. To this home they return between their different services, and also when incapacitated by sickness or finally by age infirmity. In lieu of this home care they may receive a small yearly allowance while in service and afterwards a modest pension. Such mother houses, almost without exception, are closely connected with the Church. Each has its chapel and pastor, and only Lutherans

are admitted as probationers. Many of these mother houses are joined in larger organizations, differing from each other mainly in the stringency of their religious regulations. It is true that under the stimulus of English influence there has latterly developed in Germany a small society of lay nurses who have no connection with either the churches or mother houses, but their number and influence is still inconsiderable.

In Catholic countries the overwhelming proportion of nurses are still the Sisters of Charity.

In Holland a great nursing reform was brought about by the White Cross Society, which gives to nurses certificates of proficiency graded according to their education and experience. Protestants and Catholics alike take these examinations. It is altogether the most sensible organization yet devised for the improvement of nursing.

From this brief sketch of the history of the art of nursing, and of the present conditions of the art in Europe, it would seem as if the continuity for so many centuries maintained

in the Catholic Church has now been dissipated into a bewildering variety of semi-religious organizations. To those who believe in the necessity of such organization our American conditions must seem confusion worse confounded. But, for those of us who believe that the laicization of the profession of nursing, like the earlier laicization of the medical profession, marks a distinct advance, our only concern may well be to save all that was valuable in past methods of training and practice. Nor is it necessary in this endeavor to delve in the misty past, for all that was valuable in the traditions of the nursing art was gathered for the Kaiserswerth deaconesses.

Before establishing this new order of deaconess nurses Fliedner had spent years in studying all the eleemosynary institutions of Europe. He had made the acquaintance of all who were devoted to the service of the helpless. He had hunted up the few old deaconesses who had served as parish nurses in Holland, and he brought back to Kaiserswerth a larger knowledge of the art of caring for the

helpless than any other person then living possessed. So in our efforts to secure all the benefits of past experience in the development of the art of nursing we need not go back of Fliedner's school. But, if we do so desire, it is equally easy to study the methods of the great Catholic nursing orders, for their institutions, although several centuries older than Fliedner's, are like his still continued on practically the same lines upon which they were first established.

Undoubtedly some of the benefits and advantages belonging to the nursing services of Catholic Sisters and deaconesses cannot be retained in lay nursing. We need not discuss the blessings that always belong to truly consecrated service, nor need we more than mention the excellence of purely altruistic service; but we may well emphasize some of the characteristics of the older nursing which might just as well have been preserved in modern institutions and exemplified by modern nurses. The homelike character of the little deaconess hospitals, for instance, might just as well

as not pervade our large modern hospitals, for it is a quality that depends not upon the smallness of the hospital, but most largely upon the greatness of the matron's heart and upon the supremacy of woman's influence. The Lady of the Lamp carried to her thousand patients in the Scutari barracks hospital the same loving kindness for every one that she had learned how to express in the tiny hospital at Kaiserswerth. Then there is the devotedness of the older nursing to all kinds of helplessness. That might just as well as not characterize modern nursing. For now, as always, the pauper on his deathbed deserves just as tender care as the millionaire: from the Sisters and deaconesses he receives it. And then there is the helpfulness of the older kind of nurses in the home. That is much needed now, and it is just as obtainable if nurses are trained *in* home nursing *for* home nursing. Lastly, there is the quality of sisterliness among nurses who work together. If perfect coöperation is ever necessary it surely is so among those who strive to mitigate suffering and to save life.

CHAPTER V

OLD-TIME NURSING IN NEW ENGLAND

THE widow who was chosen to serve as deaconess nurse by the Pilgrims during their sojourn in Holland probably came to Plymouth with them. For "although sixty years of age when chosen, she served for many years as shepherdess for the flock. She diligently visited the sick and the helpless, especially the women-folk, to watch with them and to render every possible help, according to their needs. When they were poor, she collected sustenance for them from their more prosperous neighbors. She was a mother in Israel and a handmaid of the Lord." Her name is not given in the old chronicles, but she surely is the rightful mother of New England nursing. How well her example was followed by the Pilgrims may be seen in the following extract from the vivid pages of Bradford's Journal: —

But that which was most sadd & lamentable was, that in 2. or 3. moneths time halfe of their

company dyed, espetialy in Jan: & February, being ye depth of winter, and wanting houses & other comforts; being infected with ye scurvie & other diseases, which this vioage & their inacomodate condition had brought upon them; so as ther dyed some times 2. or 3. of a day, in ye foresaid time; that of 100. & odd persons, scarce 50. remained. And of these in ye time of most distres, ther was but 6. or 7. sound persons, who, to their great comendations be it spoken, spared no pains, night or day, but with abundance of toyle and hazard of their owne health, fetched them woode, made them fires, drest them meat, made their beads, washed their lothsome cloaths, cloathed & uncloathed them; in a word, did all ye homly & necessarie offices for them wch dainty & quesie stomacks cannot endure to hear named; and all this willingly & cheerfully, without any grudging in ye least, shewing herein their true love unto their friends & bretheren. A rare example & worthy to be remembred. Two of these 7 were Mr. William Brewster, ther reverend Elder, & Myles Standish, ther Captein & military comander, unto whom my selfe, & many others, were much beholden in our low & sicke condition. And yet the Lord so upheld these persons, as in this generall calamity they were not at all infected either with sicknes, or lamnes. And what I have said of these, I may say of many others who

dyed in this generall vissitation, & others yet living, that whilst they had health, yea, or any strength continuing, they were not wanting to any that had need of them. And I doute not but their recompence is with ye Lord.

Fortunately for the Plymouth Colony, there was never again such desperate need of nursing. Nor were any other of the New England colonies ever in such fearful straits. But in each settlement the life of every individual was necessarily felt to be of great worth to the community. Probably this instinct of self-preservation was one of the motives of the neighborly helpfulness that characterized the communities in their hard struggle for existence. For it must be admitted that our New England forbears were not over-charitable to outsiders. Quakers and Anabaptists, Papists and Royalists fared ill in the hands of the Puritans. But it would be unjust to our ancestry to let their uncharitableness to outsiders blind us to their kind neighborliness to those helpless who were believed to have the right to live in these parts of the world. Nor

would it be becoming in a people that excludes the Mongolians to blame too severely preceding generations for excluding Frenchmen.

It certainly is well worth while to remember the good old customs of succoring those in need. We need not dwell upon the help that was given in building houses, in raising barns, for new families or for those burned out, nor need we more than mention the labor that was freely given to stricken families by the men in harvesting the crops and in replenishing the fuel supplies, and by the women neighbors in baking and mending. For it is the direct service to the sick and suffering that now especially concerns us.

While such service was considered obligatory upon all the neighbors, very naturally in every community some men and some women were recognized as particularly serviceable in bedside "watching," as it was called. And so it was customary for two or three watchers to take turns in nursing a patient whose family had become exhausted, while others contributed delicacies and other supplies. Such ser-

vice was, of course, absolutely gratuitous. Nor was it in the least pauperizing in its effect. Those who served esteemed it a privilege, and the recipients, if they recovered, would be only too glad to repay by serving other helpless neighbors.

Much of this bedside watching was excellent nursing. These unscientific neighbor nurses were highly skilled in the art of comforting. They learned the art by regular apprenticeship. As boys and girls they were taken out as assistants by their parents or by other experienced watchers, in accordance with the custom of selecting for each patient watchers of the same sex and similar age.

Physicians in the olden time were, of course, few and far between. Indeed, during the first two centuries of New England, outside of the larger towns, there were almost no doctors. The art of medicine was practiced only by the housewives, and the only druggist supplies were home-gathered and manufactured. Every attic was stored with dried herbs, each kitchen had its still, and every garden its medicinal

plants. Indeed, many of our common herbs were brought to this country from English gardens for their medicinal virtues. Instead of coryza pellets, bowls of thoroughwort or boneset tea were given, and, instead of tonic elixirs, sips of home-distilled cordials. Doubtless these old-fashioned home remedies were just as efficacious as the blood-letting and the weird combinations of outlandish materials administered by the medical wizards of the time. At any rate, the somewhat nauseous draughts of herb tea carried with them the faith in their virtue, and the neighborly kindness, of their dispensers. The oils, tried out from geese, raccoons, and skunks, served as well as modern liniments. Steamed spice-bags, and onion and yeast poultices were probably more comforting than India-rubber hot-water bags.

Many of these neighbor nurses, besides their large experience, had acquired a considerable knowledge of the best methods of caring for the sick. In critical cases, they had watched through long nights with the doctor standing

by, and many of the old-fashioned doctors were themselves good nurses. At any rate, it was their custom to stand by those in distress. They knew very little about the nature of diseases, but they knew their patients and how to comfort them. The greatest pains were taken in every family to preserve and hand down every scrap of knowledge of the healing art. And so the scanty bits of information gleaned from the doctors were treasured and passed on as wise sayings for future times of need.

In order to bring more clearly into view this old-time neighbor nursing of New England, let us go back a generation or so and follow one who long since has rested from her labors. She was herself the mother of a large family and yet ever ready to share the comforts of her home with the less fortunate. By the standards of to-day she would have been a social failure. For she gave no dinner parties, — although guests were welcome at any meal, — and she made no formal calls. Nor had she time to spare in visiting "well" folks. But if

she heard of any distress she hurried thither, to offer every assistance in her power. At nightfall she would trudge off alone or, with one of her boys as driver of the old mare and double-wagon, she would ride perhaps for several miles to the hill farm where the poor consumptive lay dying. In her satchel she carried many comforts; black-currant jelly for the parched throat and racking cough, Irish moss to be made into a soothing drink, chicken jelly for a nourishing broth, and perhaps an orange or a lemon.

Her first task would be to persuade the worn-out family to go to bed, and once they were asleep she would tackle the nursing job in right good earnest. Not finding fresh linen, she would wash all she could find of what had been used, and after drying it before the kitchen fire and ironing it smooth, she would be well ready for giving the morning bath. And would the poor sufferer be neglected meanwhile? Not at all. For at every cough or groan she would hasten to the bedside. Under her gentle urging the broth would be taken and very likely some

iced milk besides. Water fresh from the well would be given before it was even asked for. The hot face and hands would be bathed and cooled, and a hot foot-bath given to induce sleep. Were the patient quiet, she would steal in noiselessly as if to guard the slumber. Were the patient restlessly wakeful, she would with soft sweet voice tell simple stories, or repeat "The Lord is my Shepherd, I shall not want," and the Lord's Prayer.

At early glimmer of dawn, when after fitful sleep her patient awoke in damp discomfort, she would give a cup of hot tea and, in spite of the patient's discouraged unwillingness, she would give the bath. Gently but perseveringly she would put it through, for she would never leave anything unclean. After thorough washing, she would rub the wasted body with sweet oil. She believed in the efficacy of such anointing. And after the mouth and teeth were also cleaned, and the hair beautifully brushed, she would bring in the surprise of the fresh linen. So by the time the family came back to the sick-room every bit of the morning's nursing

would have been perfectly done. Perhaps not once would she have been off her feet the long night through. Her only refreshment would have been a cup of tea and now and then a few whiffs of fresh air on the doorstep while watching the stars.

The drive or tramp home would entirely rest her, so she claimed. At any rate, she would attend to her home duties the following day as usual, and after one night's sleep be quite ready for another night of watching. If not there when the end came, she surely would be summoned; for it was the neighbor nurse's place to prepare the dead for burial. Extortionate undertakers and embalmers are modern inventions. And the old-fashioned way was to treat the bodies of the dead with utmost delicacy and tenderness, exactly as if guarding the most sensitive sensibilities.

But we need not dwell longer upon these saddening experiences. For most of the sick recovered under former methods of treatment, as, indeed, they now recover under present methods. And besides the joyfulness of such

recoveries, there were then as now the joyous welcomings of new life into the world. Upon such occasions the neighbor nurse we are remembering was superb. Her previous calls upon the expectant mother were not for condolence, but to congratulate and encourage. She used to say that there was a heavenly mother and child companionship that could then be realized by those who made light of their discomforts, and that there was a special safeguarding of those who are willing to be gently led.

Well do her children remember her many a time returning after perhaps several days' absence, not exhausted as would be expected, but exhilarated by having shared a new mother's joy that a child was born into the world. To one of her sons, who she prayed might be a physician, she used to tell how great opportunities a good doctor has at such times of helping where help is sorely needed, and when in later years occasionally he had his own mother as his obstetric nurse, when he realized her unstinted devotion of heart and soul in

lending her own splendid strength to the laboring patient's relief, and when he saw her loving radiance in washing and dressing the newborn child, his pride in scientific nursing was modified by his admiration for the old-time neighborly nursing that now, alas, is fast disappearing.

It is, of course, true that no people, no more than any individual, can ever go backward, can ever repeat the past; but that does not involve the sacrifice of one's whole inheritance. It is a thousand pities that modern nurses, instead of scorning old-time nursing as of no possible value, have not sought out and garnered for the use of future nurses all that was known of the art before training schools began.

The first specialization of nursing in New England was, as we have seen, the choice of some in the community, who were by common consent held to be especially fitted, for such neighborly service. It was left for them to select and teach their successors. The young folks so selected were proud to be asked to

assist as night watchers, and thankful to be taught by their experienced elders.

Then another step toward specialization was taken when working-women were induced "to go out nursing" for their living. Only poor widows and spinsters were thus commissioned. Such service at first was only occasional. Between their times of nursing they "took in sewing," or helped at house-cleaning, or busied themselves in their own small homes. These women became the professed nurses, the experienced nurses, or, as they now best liked to be called, the untrained nurses. They were entirely different from the wretched hospital nurses who preceded the training schools. Thoroughly respectable and trustworthy they were always, often kind-hearted and hard-working, and sometimes teachable. Many of these untrained nurses are still in active service and doing very good work. Indeed, in only a few of the smaller country towns have modern trained nurses made any headway in displacing these "old-timers," and in the cities they are still the only depend-

ence of moderately well-to-do families; but they are fast passing off the stage. Who will take their place? Who now will learn to do such work as theirs, for such modest wages as they command? This is a most serious question for sociologists.

As the untrained nurses have been so often maligned, it seems only fitting in this sketch of New England nursing to describe at least one of them as she was known and loved in our neighborhood. Her name was Mary K. Green, and her little gravestone says she died in 1884, aged seventy-three years. She was born in one of the up-country villages of Massachusetts, the oldest of seven children, on a poor farm where it was a hard struggle to get food enough for the family. When Mary was only twelve, her mother died, leaving a baby daughter, Ruth, with five brothers in between. For four years Mary did all the housework for this family. She then started out to earn her own living and to help support the old home. She found work in a farmer's family in Waltham, where she slaved from four in the morning

until well into the evening. Besides the ordinary housework, as it now is counted, she had the churning and cheese-making, the poultry-raising and the kitchen-gardening to do. For the first year she had ninepence a week, for the second year a shilling; and then, when she went to live with another family, "Marm Fiske" gave her a silver thimble, which for long years was her most treasured possession.

In her new situation she had an easier time of it. But, besides the ordinary work of the farmhouse, she had the care of the old grandfather in his dotage, and of many of the little grandchildren who were sent back from their city homes to build up in the country, and she was also often called upon for a few weeks' special service in one after another of the daughters' homes when there was sickness or any extra stress. As the grandchildren grew up and married, she extended her visiting services to their families, and before her labors ended she had cared for many of the great-grandchildrens' children. Her service to this one family was thus given to five generations.

All of her scanty wages went to the support of her own family who continued desperately poor. She provided a small cottage home for her only sister, who for many years was a hopeless consumptive. From the families where she worked she collected all sorts of no longer wanted material, which she always declared would be of use in the old up-country home. At making over worn-out garments she was a past-master. She was never much on style. To her a button was a button, and if she could not find two alike for the garment she was making over, it mattered not; she would make their buttonholes of different sizes to fit. She was always in a hurry, in the long days from dawn till dark, and, in winter, from long before light throughout the short days and long evenings. On Sundays she always went "to meeting" and thoroughly enjoyed it. In her six days of unremitting labor she well earned her Sabbath rest. Her religion was of the practical sort, — kind to everybody, devoted to the helpless, rigidly honest. A terribly hard worker she was, but a great lover of fun, never

overawed by "stuck-up folks," a perfect mine of quaint stories and of good old Yankee common sense.

For the last half of her life Mary Green was an "untrained" nurse. How did she become one, and of what sort was her nursing? During her early years the only nurses were the neighbor nurses already described. Often in the families where she was working she served as an assistant watcher; but it was not until she was of middle age that she was taught the art of nursing. Nor was she in any hurry to undertake this responsibility. But finally she was persuaded to do so by an expectant mother, who promised to teach her what nursing she herself would need, and then to recommend her, and teach her at these cases what nursing was needed for them.

In this way Miss Green, as she then came to be called, was launched upon her nursing career. After her long preparation of helpful service, it was no wonder she soon became a famous nurse. Fortunate, indeed, were the families that found her in their times of need.

For not only would she do the strictly nursing work in tending the patient, but she also delighted in doing the family washing before breakfast, the ironing in the forenoon, and the mending before or after nightfall, with the baby on her lap. Much of the cooking and general housework she would do betweentimes. The amount of her day's work was astonishing, nor were her patients ever neglected.

While faithful to old doctors whom she knew, and always punctilious in giving the medicine as ordered, she was a terror to the younger physicians for whom she had little use. To one of them, who incautiously asked, "How is your patient?" her snappy answer was, "That is for you to find out"; and again when he asked if the fine breast bandage he had so proudly applied the day before had proved a comfort, she admitted that she had taken it off directly after he left the house. She "did n't like them things," she added.

For the clinical thermometer and for mod-

ern antiseptics she had supreme contempt. Soapsuds were cleansing enough for anybody sick or well, she would say; "and as if any fool ought not to be able to tell without thermometers whether the patient or the chamber were too cold or too warm." It was no use to allow fruit or any other "outlandish diet" to her patients. She believed in gruels and broths, fresh air and perfect quiet. What she believed in would be given; and nothing else. "If you want any other kind of nursing, get it," was her ultimatum.

Though she died a full generation ago, she is still missed, and she deserves a more fitting memorial.

CHAPTER VI

AMERICAN NURSING SCHOOLS

THE idea of training women in American hospitals for subsequent service in private families originated in the hospitals for women. These special hospitals were then new. They came into existence in consequence of the discoveries of surgical methods for relieving womankind of their special troubles. The first of these hospitals was founded by the women of New York for Dr. Marion Sims. But there soon arose a demand for hospitals where women patients should have women surgeons, and where women students of medicine should have educational opportunity.

The New York Infirmary for Indigent Women was the first, and the Women's Hospital of Philadelphia the second, of these special hospitals. But the New England Hospital for Women and Children, in Boston, was the first institution chartered with the education of

nurses as one of its stated objects. This charter was granted by the Massachusetts Legislature, March 13, 1863. The hospital had been in operation since the preceding July.

For the first ten years of its existence no more was done in this hospital for the training of nurses than was done in other women's hospitals. Most of the nurses employed had had previous experience and considered themselves proficient in the art. Dr. Marie E. Zakrzewska, who was the leading spirit in the establishment and management of the hospital, had difficulty in persuading these nurses to give even the six months' service which was then required for a certificate. The training given them was almost wholly in obstetrical nursing.

To Dr. Susan Dimock, who became the resident physician of the New England Hospital for Women and Children in 1872, belongs the honor of having started the first real training school for nurses in America. She had just returned from Europe. After completing her medical education in Zurich, she had spent

some time in Kaiserswerth, and in England she had made the acquaintance of Florence Nightingale.

As might have been expected, she was well primed with enthusiasm for her pioneer work. She was the first in this country to urge well-educated young women to leave their comfortable homes in order to fit themselves by study and hard work for the profession of nursing. Only those of us who remember the opposition she encountered, from the families and friends of the young women she thus inspired, can appreciate Dr. Dimock's great service. Most unfortunate was her loss on the ill-fated steamship Schiller in 1875.

This first American training school for nurses began September 1, 1872, with five probationers. For three months they were paid nothing. They were on duty from 5.30 A.M. to 9 P.M., and for the first six months they slept in rooms off the ward, from which they were summoned for the night nursing needed. They were trained in surgical and medical as well as in obstetrical nursing. Only twelve

regular lectures were given them, but they received most valuable instruction from the attending physicians, and especially from Dr. Zakrzewska. The course was for one year; and the first to complete it, and so the first nurse to receive an American diploma, was Miss Linda Richards, whose autobiography, lately published,[1] serves as the early history of many of the principal training schools in this country which were established under her superintendence.

During the year following the establishment of the New England Hospital Training School several others were begun. The most notable of these was the training school attached to the Bellevue Hospital of New York. This was established by the Hospital Committee of the State Charities' Aid Association. One of this committee, Dr. W. Gill Wylie, spent three months in England and on the Continent studying the systems of training nurses in those countries. Upon his return he presented a most instructive report which

[1] Whitcomb & Barrows: Boston.

embodied a letter of advice from Florence Nightingale.

Dr. Wylie's report, published by the State Charities' Aid Association at the close of the year 1872, served to guide the steps not only of the New York, but also of the New Haven, Philadelphia, and Boston committees, in establishing their training schools.

The Bellevue Hospital Training School was opened in May, 1873, with a staff of six probationers under the superintendence of Sister Helen, of the All Saints' Sisterhood, which then was connected with the University College Hospital of London. Miss Linda Richards became the night superintendent of the Bellevue School in October of the same year, and then superintendent of the midwifery wards for the short time before this department was removed to Blackwell's Island.

Class instruction did not begin in the Bellevue School until the autumn of 1874. The course was for two years. But the student nurses had the advantage of some private family nursing during their course, as was

the early custom in other American training schools.

The third school was the Connecticut Training School for Nurses, which began with four probationers, October 6, 1873. In the prospectus it was announced "that Miss Nightingale's 'Duties of Nurses' will form the basis of instruction." To the Connecticut School America is indebted for the first textbook on nursing.

The Boston Training School began with four probationers in the Massachusetts General Hospital, November 1, 1873. This school was started by a committee of the Women's Educational Association, which, with the addition of several physicians and laymen, soon organized as a board of managers. One of this committee had had previous experience in planning the training school of the New England Hospital. They first sent to New York for the information Dr. Wylie had brought concerning the Nightingale School, and they established the Boston Training School upon Miss Nightingale's plan, as an entirely separate

institution from the hospital, thereby keeping the management of the nurses in the hands of the trustees of the school.

The surgeons and physicians of the Massachusetts General Hospital were unanimously opposed to the introduction of student nurses, and the trustees only reluctantly consented to a trial of the experiment in what were called the foul wards. It was very properly stipulated by the hospital "that the pupils of the training school shall not attend the patients of the hospital without previous training in moving and caring for persons in bed."

The first year of the school was most discouraging, for lack of proper superintending. But after Miss Linda Richards became the superintendent, in November, 1874, the school rapidly improved.

In 1896 the Corporation of the Boston Training School for Nurses dissolved, surrendering to the Massachusetts General Hospital its funds and the entire management of the school. The hospital trustees requested this action on the ground that the best interests

of the hospital would be thereby promoted. Regarding the wisdom of this action we shall later have something to say.

It would not be possible within our present limits even to enumerate the training schools for nurses that have since sprung up and flourished in this country, and much more impossible to sketch their beginnings. The instances cited are to be regarded as illustrative of the general movement. It is important to our purpose, however, to emphasize the fact that these early schools were started with the primary purpose of educating women for the subsequent practice of private nursing. An essential part of the plan was a separate home for the student nurses, where they should receive instruction in the domestic arts, under a matron employed by the directors of the school. The student nurses were to serve in the hospitals in order to gain necessary experience. The hospitals at first, and particularly their medical and surgical staffs, strenuously objected to this employment of pupil nurses. But the great advantages of such nursing soon be-

came so apparent that the hospitals themselves began to establish nursing schools, and the converted doctors gave unstinted service as teachers.

In order to understand this movement it is necessary to look back at the previous nursing service of the hospitals. In the first report of the New York State Charities' Aid Association, dated December 23, 1872, regarding the nursing service in the Bellevue Hospital, it is said: "The nurses, inadequate in number to the work, nearly all illiterate, some immoral, and others intemperate, had sought these positions simply as a means of livelihood, and not because they had any aptitude for or knowledge of their profession. These women constantly neutralized the efforts of the physicians by their ignorance, and their indifference to the welfare of their patients. . . . The visitors of the Association could not patiently witness the ignorance and brutality which daily fell under their eyes." This is bad enough evidence, but earlier testimony is even worse, when profligate women were condemned in

the police courts, either to jail, or, if they preferred, to equal terms of service as nurses in these same wards.

There were, it is true, honorable exceptions. And probably the conditions in the Bellevue Hospital were the very worst. But generally in this country as in England, before the training schools began, only hardened women were employed as hospital nurses. Nor were these women under any discipline. Each acted independently. Even when Miss Richards became the superintendent of nurses at the Massachusetts General Hospital, no progress had yet been made in this direction. The managers of the training school had already had Miss Nightingale's advice that "proper hospital nursing is impossible except it be under perfect discipline, and that such discipline depends upon a hierarchy of women, composed of the matron, the head nurses, the assistant nurses, and the ward maids, where the higher grade knows the duties of the lower grade better than the lower grade does itself." But until Miss Richards came they had no

properly trained matron. The pupil nurses were like a company of volunteer soldiers without officers. In order to be sure that all fared equally, there was daily rotation in office. Thus for one whole day the nurse washed out old poultice cloths; the next day she was waitress in the dining-room; the third day she spent in the wards, washing patients' faces, making beds, sweeping floors, etc.; the fourth day she was head nurse; the fifth day she became night nurse; then, after a holiday, she began again the same rotation of service. No wonder the doctors complained "that nobody knew anything."

For the first year Miss Richards, besides being the superintendent, also served often as special night nurse, sometimes for three nights in succession. By the end of that year, however, she had secured properly trained head nurses; then she obtained ward maids; and when at last Miss Nightingale's system was thus in full operation the medical staff was convinced of the advantages of the new régime and all the nursing of the hospital was en-

trusted to the training school. The graduates of the school were soon in great demand for matronships in other hospitals which were hastening to establish training schools.

It is true that the introduction of antiseptic, and then of aseptic, surgical methods, during the last quarter of the nineteenth century, has had much to do with the improvement of hospitals. But their wonderful reformation is most largely due to the superseding of their former disgracefully inefficient nurses by student nurses. The medical and surgical service in hospitals had always been properly organized. The best professional talent was assured by the prestige attaching to staff appointments, and by the opportunities thus afforded to medical school teachers. The chances for experience afforded by the hospitals secured for them the service of the best students and young graduates of the medical schools as externes and internes. And now similar efficiency was secured in the nursing service by the introduction of the proper discipline and of the professional enthusiasm belonging to studentship.

After this hasty glance at the beginning of the movement, it is a fitting time to examine somewhat critically the evolution of the training schools. The resulting improvement in the hospitals cannot be overstated; order has replaced chaos, cleanliness has displaced filth, virtue has triumphed. In this respect the fondest hopes of the founders of these schools have been more than realized. But the redemption of the hospitals was only a part of their purpose. Of at least equal importance was their original intention to prepare women in the best possible manner for the subsequent practice of nursing in private families and in district-visiting service. This intention was explicitly stated in every prospectus and in every appeal for financial support. We may well inquire how far this has been the guiding purpose of the numerous training schools that in later years have been established by the hospitals.

At first the pupil nurses in the hospitals were paid servant wages, somewhat less, perhaps, than the wages of the former nurses, but still enough to support the young women who were

thus acquiring their professional education. In later years these allowances, as they have been euphemistically called, have been greatly reduced, and, in a very few of the best hospitals, they have been discontinued. But, even with this expenditure, there can be no doubt that a pecuniary profit to the hospitals has resulted from having student nursing service. The vast improvement in the nursing service ought to have sufficed, and instead of making a money saving the hospitals ought to have been more liberal in improving the training schools.

A grosser injustice has been inflicted upon student nurses in some of the small private hospitals, where the profit from their almost gratuitous service has enriched the proprietors who have contributed practically nothing to the education of their nurses. Hardly less reprehensible has been the practice of other small hospitals, which, not content with an almost free service from their student nurses, have sent them out to private service and pocketed the wages so earned. That these earnings have been devoted to the support of

the hospital is no excuse to the managers of such institutions for this disregard of their educational responsibilities. Where education is paid for by service, it would seem plain enough that the earnings from such service should be applied only in furnishing instruction.

The custom of paying even small servant wages to student nurses is largely responsible for these evils. While this has continued it has been impossible to shake off the traditional estimation of nurses as after all only servants, entitled to no educational consideration beyond what will make them of most service to their present employers. Indeed, some hospital authorities justify this perhaps needless expense, of continuing to pay small wages or allowances, on this very ground that the student nurses are thereby kept in their proper servile position. The superintendents of the training schools, on the other hand, unmindful of their own reports of the many hundred applications they have been compelled to refuse, say that except for these allowances they could not obtain enough probationers. And some

of the leaders of the nursing world go so far as to say that probationers, who, without these allowances could not possibly afford to fit themselves for the nursing profession, make better nurses than women would who themselves or whose families could afford to pay for their professional education. It is only too apparent that such defenders of this custom have not yet escaped from servile traditions.

Another striking instance of the prevailing poor estimation of their own profession, as voiced by some of the leaders of nursing, is their distrust and dislike of highly educated probationers. This prejudice, however, shows a proper appreciation of the present unfitness of the teaching in American training schools for thoroughly educated young women. The average curriculum is still adapted rather to the capabilities of the poorly educated.

A still more unfortunate handicap resting upon the nursing profession is the prevailing belief among the leaders of American nursing that only women of mature age ought to enter the training schools. And yet many of those

so believing, in advocating the advantage of their profession, talk much of women's rights and women's wrongs. They complain of the prevailing inequality of opportunities open to women and to men. And they do not see that no other inequality compares in hardship with the restriction they would themselves impose upon their own sex, in allowing women to begin their professional education only at an age when their brothers, having finished their education, are already beginning their professional careers. This distrust of young womanhood doubtless is in part a survival of the old notion about nursing, that only middle-aged women ought to undertake it. It would not, perhaps, be fair to suggest that such distrust ill becomes superintendents who, as probationers, were themselves of the now distrusted youthfulness. If not a reflection upon the powers and capabilities of young womanhood, as compared with young manhood, then the requirements of older age for probationers than for medical students must be considered as a reflection upon the training schools.

In the deaconess schools of Germany probationers are received while still in their teens, and they are given a thorough preliminary training which is of great value to them as women, whether afterwards they continue to be nurses or become matrons in their own homes. But in most of the great hospital schools of this country there is none of this invaluable preliminary training, and the probationers are at once put to work in the hospital wards where the long hours, the lack of adequate vacations, and the depressing effect of hospital misery all combine too often to rob the young probationers of their youth and their vitality. It is, therefore, not to be wondered at that the superintendents of these schools, in the kindness of their hearts, prefer more mature probationers who have been somewhat inured to the hardships of the world.

Could the intervening years be spent at home or in any employment, in proper preparation for the nursing schools, — as, for instance, in acquiring skill in all domestic arts, — then much might be said in favor of post-

poning a probationer's admission until the age of twenty-five. But such home training, alas, belongs to the past. And the only alternative for the young woman, who cannot at the age of eighteen or nineteen enter a training school, is generally some occupation that, to say the least, will certainly not make her better fitted for nursing.

The obvious remedy is provision by the training schools for the needed preparatory training. Indeed, it is now generally agreed that probationers always ought to have a thorough education in domestic science, and instruction also in all the foundation sciences upon which the art of nursing depends, before they are given actual nursing service in the hospital wards. But the hospitals which own the training schools, while admitting the great advantages of such preliminary education, plead their poverty as an excuse for failure to make such provision. And yet these same hospitals continue to pay in wages or allowances to their pupil nurses more than would be required for the support of proper preparatory schools.

CHAPTER VII

RESPONSIBILITY FOR SHORTCOMINGS OF MODERN NURSES

If American training schools had succeeded in producing nurses properly fitted for the subsequent practice of their profession, there would be no need of further criticism. But such is not the fact; nor would it be reasonable to expect that in nursing schools established and maintained by hospitals primarily for their own advantage women should be well fitted for private nursing. At best it could only be expected that nurses so trained on leaving their hospitals would be able to make hospitals out of the homes of their private patients. This service, it is true, is sometimes just what is desired. In cases, for instance, of severe accident, or of major surgical operations, or of acute sickness, where the lives of patients hang in the balance, it is sometimes necessary that the home shall be so transformed; the

family as well as the furniture must be removed. But such cases fortunately are the rare exceptions. And nurses who have been trained only in hospital methods are often worse than useless in the care of patients suffering from the ordinary, commonplace forms of helplessness. Such, at least, is the general opinion of physicians and families who have employed the modern trained nurses.

We must, however, admit that the majority of nursing schools and of the leading nurses in this country firmly believe not only that a full, perfect, and sufficient nursing education can be given in hospital wards, but also that no other education is needed or even desirable for nurses. So firmly is this belief held that the national and state associations of nurses and of superintendents refuse membership to nurses who have not been trained in hospitals for at least two continuous years. No allowance is made for time spent in the preparatory nursing schools or in learning district visiting nursing. Florence Nightingale herself would not have been eligible for membership in these

associations. For in Germany where she was trained, and where the new profession of nursing began, hospital nursing has from the first been rightly considered only as one of the departments or specialties of nursing.

Even if it be granted for sake of argument that for hospital nursing only such education is needed as can be acquired in the wards, it does not at all follow that such an education fits the nurse for home nursing. And yet it is fitness for home nursing, and not merely for hospital nursing, that ought to be the objective of all training schools for nurses, for it is in home nursing that nine out of ten nurses undertake to practice their profession.

Nursing essentially is caring for the helpless, whatever may be the cause or form of the helplessness, whether it be that of infancy or of old age or of accident or of sickness; but hospitals admit only certain forms of human helplessness, and generally only the rarer forms. Nor is this true only of the specialty hospitals, many of which, by the way, have the effrontery to graduate their nurses, but it is also true

of the large so-called general hospitals which exclude midwifery cases, or infectious cases, or chronic patients, or the insane, or the neurasthenics, or incurables, or perhaps all of these common forms of human helplessness. Is it, then, any wonder that nurses whose training has been exclusively in hospital wards are of so little use in private family practice? They have not even seen the common forms of human helplessness. Naturally enough, they find most of their cases stupid and uninteresting. Unless the patient's temperature is high, or there has been some mutilation of the body, such nurses feel out of place. But, besides their unfamiliarity with the common kinds of nursing service needed, hospital nurses when they attempt home nursing labor under a far more serious disadvantage. Having been trained only in the care of patients, they are absolutely ignorant of their duties in the household. Not only are they unable to coöperate with the parents or children, with the husband or wife, of the patient, and so to marshal all surrounding family influences in the fight for

their patient's relief, but in their inexperience they often cannot help upsetting all the domestic arrangements and even wounding the hearts of the family.

Experience in hospital nursing is, of course, an indispensable part of the perfect nurse's training, but it is by no means the whole of it. In our hospital training schools nurses acquire wonderful technical skill, and an extensive knowledge of diseases. They become adepts in distributing themselves and in managing many patients. As assistants of the hospital physicians and surgeons, they learn much of the science, but little of the art, of medical practice: whereas nurses need to know only little of the science, but all that is knowable of the art of helping the helpless.

It is true that nurses who have been trained only in hospital wards may afterwards learn to be good family nurses. Indeed, many of them do. But graduate nurses do not learn as easily as do student nurses to do what is wanted of them by private patients and their physicians. Once given their diplomas, it is

very hard to teach them. Having spent two or more years in the hospital wards, they become so steeped in hospital methods that they do not take easily to family service. In the hospital ward, the nurse learns first to do one thing for twenty persons. It may be washing the face, giving sponge baths, or serving food. She has got to do this one thing for the whole line of twenty patients down the ward. In order to keep up with her work, she has to learn how to slight her patients, or at least to put them off. Now, in home nursing, the nurse has twenty things to do for her one patient, and that brings her into a personal relationship with that patient's needs which is of the greatest importance in her development. A nurse who has been trained in this way has a more ready power of applying her whole heart in her service.

When we are born into this world, and on our deathbeds before we go out of it, we are in the condition of absolute helplessness, and absolutely dependent on woman's service. When in critical conditions of sickness, we are

also in the condition of infants, and again dependent entirely on the mothering care of womankind. Women can hold on to life that is precarious as men never can. A man can go into the battle for a little time and give directions, and then if he will keep from going to pieces he has to go out of the sick-room; but woman has the power of holding on. Her great power is given her of God to bring forth into fullness of strength the life that erstwhile hangs trembling in the balance. Now, this natural mothering power expands under its proper exercise, and in home nursing there is a far larger chance for its expansion in normal, natural directions than ever is afforded the student nurse in the ward. When beds are put so close that every patient hears and sees everything said and done for other patients, and when all the work must go with mechanical, factory-like accuracy, the nurse has small opportunity for that finer devotion that is the essential part of nursing. Indeed, should she show it, she is often rebuked by the authorities, and told that in hospital service there is

no time for "sentimentalities." Is it any wonder that in the larger schools, while they give a splendid technical training and a large acquaintance with all acute forms of disease, the motherly instinct is often either driven out of the probationers, or else inclosed in blasé casements?

It would be unfair to make such a charge against all or even against the majority of our modern trained nurses; but certain it is that many who have been trained in the large hospital schools, instead of rejoicing in the opportunities that family nursing affords, almost hate such work, and do it only for the money that they so may earn.

To stand helpfully by a soul on earth whose body is in pain, or in a state of abject helplessness, is one of the highest privileges as well as a most sacred duty. It was for such service that St. Paul commended Phœbe, the first nurse. The nursing service needed now, as then, is not merely a technically perfect service, nor is it only an intelligent service. These qualities, of course, are needed. We want

nurses to know what they are about, and we want them to be dexterous; but, more than all, nurses are wanted whose hearts have been stirred and thrilled, whose generous impulses for fellow-service have been given such full sway that their loving-kindness ever after shall shine forth unmistakably.

Nursing is simply a department of medical practice: it is not and never can be an independent profession. Were this fact more generally recognized, physicians, instead of grumbling at the failure of the trained nurses now available, would see that it is their business to provide their patients with the kind of nurses they know are needed.

Surely it might have been reasonably expected that physicians would have welcomed the new schools of nursing, and helped them with their guidance. But the astonishing fact is that with some few notable exceptions they have not done so, and, instead, have often opposed those who were doing what they themselves ought to have done. Without realizing their obligation to make sure of the proper

education and training of their nurses, they have put upon them, not only the responsibility physicians formerly carried, but also the far greater responsibilities resulting from the advance of medical and surgical science. Thus, for example, the discovery of the germ causation of many diseases made necessary in the nursing of patients suffering from them the application of the principles of antisepsis and asepsis. An understanding of these principles the nurse henceforth must have: otherwise it is folly to expect from her the intelligent efficiency by which alone her patients' lives may be safeguarded.

In the domain of surgery the need of highly educated nurses is most apparent. Indeed, upon their intelligence and fidelity to aseptic principles, the surgeon's success and his patient's life are absolutely dependent. Aware of this, every modern surgeon trains his own nurse operating assistants. Without them his efficiency would largely disappear. But very few surgeons are wise enough to train equally well a staff of nurses to take the subsequent

care of patients during their convalescence. And, as might be expected from this failure, many a patient, whose operation was brilliantly performed, afterwards succumbs for lack of intelligent nursing devotion, and many, many more suffer needlessly. Surgeons know this, and so they often insist upon sending to hospitals patients who might better stay in their own homes if only proper nursing service could there be assured. For in too many hospitals additional security of life is accompanied by an unnecessary sacrifice of comfort, which would not occur were the surgeon's supervision more constant or were the nurses there as well trained as are his operating nurse assistants to carry out his orders.

Less plain, perhaps, but still of certainly as much importance, is the need of better nursing service in other departments of medical practice. In critical cases this need is least noticeable. Modern nursing then shows off to best advantage. But in the long-drawn-out convalescence, and in sickness so mild that instead of insensibility to all surroundings the

patient's sensitiveness is abnormally acute, in neurasthenia and mental diseases, in the helplessness of infancy and of old age, nursing of a far higher proficiency than is now available is sorely needed. Indeed, many physicians as well as their patients look back longingly to the old-fashioned nurses. This they do without stopping to think how inadequate such nurses now would be, and what disasters would result from their lack of intelligence. So, of all stupid expedients ever proposed, it is hardest to have patience with the recent outcry of some physicians for less instead of more intelligent nurses. As if any one in this world of ignorance could ever know too much! Such complaints are like those forwarded from the Scutari Hospital to the British War Office, regarding Florence Nightingale, which brought everlasting ridicule upon the man who asked for her recall and for the reinstatement of the brutally ignorant nursing service she displaced.

General discontent with existing conditions, however, is commonly considered a hopeful sign of improvement. And if in this case that

is true, then a great reform is at hand; for few can be found who are in any degree satisfied with our present nursing service.

Before laying the largest share of blame for the shortcomings of modern nurses upon the physicians, who have not seen to it that their lieutenants have been better trained, we must examine their possible defense. The fact must be admitted that the medical profession has had and now has very little part in the establishment and management of hospitals and their training schools. Not long ago a hospital for general use was built in a New England city. In it there was no operating room or even sterilizing apparatus. Needless is it to add that there was no medical member on that board of trustees.

How hospitals may be built by lay trustees, however, is of small consequence compared with how they are managed. If by chance the medical profession is represented on the board of managers, seldom is their influence dominant; and where it is so, the lay members of the board are apt to consider themselves use-

less. Obviously the best results in the management of hospitals depend upon the active co-operation of philanthropic men and women with physicians. But this is not the place for discussion of ideal hospital management. I desire merely to point out the fact that not all the responsibility either for the excellence or defects of our hospitals can be justly ascribed to the medical profession. This is still more true as regards the training schools belonging to them.

In the beginning of the movement, as I already have related, these schools were started by outsiders, backed perhaps by the contributors to the hospitals, but generally opposed by the trustees and the medical and surgical staff. Afterwards, when the immense advantage of the training schools became apparent to the staffs as well as to the trustees, there was no longer left any province for outside managers, whose purpose originally was not only to provide better nursing for the hospitals, but to educate and train women for private nursing. The earliest training schools thus deprived of

outside management, and the many schools afterwards started by the hospitals primarily for their own advantage no longer followed educational ideals.

No wonder their graduates have failed to satisfy outside needs. How could they be expected to serve acceptably, in private homes, as the lieutenants of private practitioners? Misunderstandings, of course, followed, and on both sides. The doctors, if their practice differed from that of the hospital where the nurse was trained, were considered by her to be ignorant of first principles. Too often the patients have been led to take the same view, and so have lost that confidence in their physicians without which no medical success is possible. I need not try to give the physician's estimate of such nurses. That can be easily imagined. Nor need I more than point to the consequent sacrifice of the patient's interests. And yet, as I have already insisted, for this failure of modern nursing, physicians have only themselves to blame. For it was and is their business to see that their lieutenants

are so trained that their patients' interests shall not suffer.

As individual practitioners, physicians, of course, cannot be expected to start and manage schools for nurses. If they should do so, they would have little time for professional advancement, as some few have found out to their cost. But why have not the medical schools, which have always been managed by the profession, undertaken this work? To this question I can give no answer. I merely state the bare fact that no medical school has yet considered it worth while to teach nursing or nurses. And yet no surgeon or physician can be found who would undertake to deny that the successful practice of medicine and surgery depends more largely upon the kind of nursing care patients receive than upon any other factor. The only possible excuse for this delinquency of the medical schools is that so much time is required in teaching medical science that none is left for teaching the art of medical practice. And nursing is only one part of that. Find new germs, — that is the

watchword of the day. And the rank of medical schools is now determined by the size of the laboratories and by the number of paid professors who never see private patients!

If those who should be are not, who then are responsible for the training our modern nurses receive? No short answer can be given. As a matter of fact, the trustees are in authority over all the departments of the hospital and therefore over the training school. Generally the especial charge of this department is given to a subcommittee. But few trustees understand their duties, especially this duty of educating and training pupil nurses. Their ignorance or indifference is inexcusable. If charged with it, they plead their special interest in institutional economy; they say the hospital cannot afford to provide for the pupil nurses any further education than is needed for their work while there. But they almost never know what is the real cost of the hospital's nursing service, which if they did know might shame them. For then they would see that they get their nursing service under false

pretenses. Arguing from the very different case of their unpaid medical and surgical service, which is gladly given by graduates of the medical schools in return for opportunities for professional experience, they hold that the experience gained by the pupil nurses is sufficient recompense for their long days and nights and years of hard work. They thus ignore the fact that their hospitals advertise having schools of nursing, which, if anything is meant, means that in these schools they pretend to give women a professional education, or, in other words, to fit them for the subsequent practice of that profession. In this pretension it is true the trustees are supported by many graduates of these schools, who naturally enough suppose that to be true. No one likes to admit, even to himself, that he has been buncoed. So it goes on. Each year the hospitals hold graduating exercises. The chairman of the trustees, or some distinguished visitor, gives an address full of platitudes, with withering reference to Sairey Gamp and glowing eulogy of Florence Nightingale; and

then he bids another class go forth as modern ministering angels. Then all dance and sip pink lemonade. With this educational farce the hospital trustees are satisfied. Few of them, I imagine, would acknowledge themselves in any way to blame for the unfitness of these new graduates for the work they thenceforth will be called upon to do. Indeed, few hospital trustees know anything of the history, and so nothing of the ideals, of nursing. They are not, however, so very much to blame for this ignorance, for, as might be expected in the case of so new a profession, there is no easy way of acquiring this necessary information.

While responsibility for all the misery entailed by the present unfitness of modern nurses really belongs to hospital trustees for not providing better training schools, the blame usually but unjustly falls upon the superintendents of these schools. We therefore must consider their opportunities and limitations, which, as we shall see, vary greatly.

In the smaller hospitals, which have ma-

trons as superintendents, the training schools are, as they always should be, under the sole direction of women who have attained distinction as nurses. The disadvantage in such institutions is that few women are physically able and otherwise competent for the double duty of managing both hospital and school. In a few instances this duty is divided between a matron in charge of the hospital and a superintendent of the nurses, but seldom can two be found who can work well together, and divided responsibility is notoriously unsatisfactory.

The larger hospitals usually have a resident physician for superintendent. Sometimes he is really interested in the training school and of great help to the superintendent of it, who after all is his subordinate. But where the resident physician is chiefly interested in hospital economy, as, indeed, he must be in order to satisfy the trustees, and where his superintendent of nurses is not, and perhaps cannot be, his loyal co-worker, the training school of course suffers from their inevitable

clashing. Educational interests are thus sure to be sacrificed.

For many years the superintendents have been striving to better their schools. They have organized an association for this purpose. And they have already accomplished much, especially in forcing upon at least one university the establishment of a school for teachers of nursing. This they did by supporting the school for several years out of their own meager salaries. They have also provided a curriculum, as a model, and through state boards of education, and state examiners for the registration of nurses, they have forced many training schools to adopt this curriculum, in some cases, it must be said, to the detriment of these schools. But in the main, in spite of some intolerance of other methods of training, there can be no question of the helpfulness of this association of superintendents. Much more good work might have been done by them had they had actual authority over the schools, which only nominally are under their charge, or had they been better sup-

ported and more intelligently guided by either the medical profession, whose lieutenants and assistants their pupil nurses must be, or by the hospital trustees under whose authority the superintendents serve.

The alumnæ societies of the training schools and their state and national associations have also striven for the advance of the nursing profession. But it is pitiful how much energy they have wasted in seeking legislation for this purpose. For however possible it may be, by legal enactments and formal examinations, to test the scientific and technical accomplishments of nurses, it will never be possible thus to test their mastery of the art, including their tactfulness and devotion, which is far more important. This fact is well understood by many who nevertheless have followed leaders more inclined to political methods. Some of these unrepresentative spokesmen, not content with the silly use after their names of the initials of registered nurse, as if "R.N." were the equivalent of a college degree, have gone so far as to ask for legislation to restrict the use of the

title "nurse" to such as have been licensed by the State. Comment upon such foolishness is unnecessary.

When we consider the heavy handicap of the faulty organization of our training schools we well may be astonished at the excellence attained. And whenever we blame them for not fitting their pupil nurses, as they pretend to do, for the subsequent practice of nursing, we must always remember that these schools have succeeded in reforming hospital nursing, which has made possible the establishment of hospitals in almost every city and town of this country and, indeed, in many of our villages. The pity is that those responsible for these schools have been content with that. Essential as excellent hospital nursing is, there are many other equally important needs which can be supplied only by nurses specially trained therefor. I will not further dwell upon the chief of them all, although too great emphasis can never be given to the need of better private nurses for families in their own homes; but more than passing mention must be made

of other lines of work for which the schools of nursing ought to fit their pupils. Some of these are now well known.

To begin with there is district, or, as it should rather be called, visiting, nursing. The great usefulness of such service, and the necessity of it, is being more and more generally recognized. Even in small towns it is being attempted. Women's clubs are everywhere striving for its establishment, and except for two great obstacles the movement would more generally succeed and far greater good would result. The first of these obstacles is that there are not enough nurses available who have been properly trained for this service, and the second is that insufficient salaries are offered by the visiting nursing associations. Not until recently have the hospital schools undertaken to provide any training whatever in this very different kind of nursing. Indeed, they have resented the idea that any special training in it and for it is needed, or even allowable in a model school. In this contention the schools quite naturally have been upheld by their

graduates who have been taught to believe that their training in merely hospital nursing fits them for all other kinds. Such has been their assurance that when a few years ago a chief superintendent of visiting nursing was wanted in Canada, to establish this service in commemoration of Queen Victoria's Diamond Jubilee, as had been done for her in Great Britain ten years before, several recent graduates from our American schools applied for the position. The Irishman who thought he could play the violin, though he had never tried it, did not offer himself as a teacher.

With regard to the second obstacle to this most beneficent extension of modern nursing, the associations alone are to blame. They want, and, of course, must have, only the very best nurses, and yet they often offer only half the salary such nurses can earn in private practice where they have their board and laundry besides. The lady managers thus expect to get their visiting nurses for less than they pay their cooks. It is all very well to require self-sacrifice on the part of those whose work must

be angelic; but it is at the same time folly to expect best professional service in the poorest paid positions. There is room in plenty for any amount of self-sacrifice and devotion in every kind of nursing, especially in visiting nursing, even when all the material interests of the nurses are amply provided for, without expecting them to sacrifice half their earning capacity.

One of the reasons for this short-sighted economy of the associations is their mistake in limiting their field to families that are not expected to pay anything for the visits of the nurse. To those few who really cannot afford to pay even small fees the visiting nursing service, of course, ought to be freely given; but such families in most communities are a small minority. By far the larger number of families needing such service can surely afford to pay, if not the full, at least some part of the fees. The limitation of the service to those supposed to be too poor to pay anything for it shows how little appreciation the managers of such associations have of the rightful scope

of their undertakings. The largest usefulness of visiting nursing is to families having small incomes, where resident nurses can be neither afforded nor even boarded and housed. In homes where there are spare chambers, and where the cost of the nurse's wages and board can be easily met, it is all very well to have a resident nurse, and as many of them as are needed. But even in such homes, where, as is often the case, only an hour or two of trained nursing service is wanted, the continued presence of a nurse is irksome both to her and to the family. In such cases the employment of visiting nurses is better for all concerned. And the money so earned by the association may rightly go toward providing nurse visits for those who can pay nothing. A most useful extension of the proper field of these associations is in furnishing nurses for night watching. Many a family can take all the needed care of their sick through the daytime if only they have help at night. Without this help either the patient must suffer or the others will break down from overstrain.

The direct relief afforded by the visiting nurses is only a part of the good they do; better methods of nursing are taught to those whose hearts are aching to learn how to do more for their loved ones. Such lessons outlast all that are learned under lighter stress. Nor is it only better ways of nursing; better ways of living are thus taught and learned. Modern missionaries these visiting nurses are, teaching the gospel of health. More sunshine, fresher air, better food, not only the sick but also the well are sure to have, following the nurses' visits. It is astonishing to see how fast and how wide this uplifting influence spreads. Neighbors learn of it, feel its force, make it their own, to such extent that when sickness invades their households it often seems as if the visiting nurses must have served there before, so nearly perfect is the imitation of methods learned by them in homes perhaps blocks away.

Another line of work where trained nurses are of great use to the common weal is that of school visiting. At first such work was attempted by physicians employed by health

boards or by school committees. But soon it was found that much more was needed than physicians could do. They could do the inspecting, but they could not follow up their advice to the parents of children found to be sick, and still less could they take the time to hunt up the absentees. In short, it soon was found that medical inspection of the schools was of little use unless followed by visiting nursing. Much good has already resulted from this new department of nursing. In no schools where it has been undertaken will it ever be discontinued. And from all over the country the cry is for more school nurses. The work is like that of ordinary visiting nursing, and yet it is different enough to require special training for it. This training the schools of nursing ought to provide.

There is still another specialty of visiting nursing where special training is requisite. At last the world is awake to the possibility of stamping out tuberculosis. Associations for doing this are everywhere forming. Their efficiency depends upon nurse agents.

Last but not least is the need of nurses specially trained for social service, the latest flower of organized philanthropy, for which, in its particular application to the hospital and dispensary world, we owe a great debt to Dr. Richard C. Cabot, of Boston. He saw the need, as did many others. But he also saw the way to enlist in this service willing workers, who under the inspiration of his high purpose succeeded in doing so much good that hospitals everywhere are following the example of the social service department of the Massachusetts General Hospital.

For this social service of every kind so much special training is needed that few nurses have yet undertaken it. And some famous social workers go so far as to say that women are unfitted by a nurse's training for this work. This is by all odds the severest condemnation yet made of the training schools. It is not, however, altogether true. And, at any rate, it should be obvious, on the contrary, that a proper training in nursing would be of great advantage to the social worker. For although

her work is not so directly for the physically helpless as it is to relieve and prevent every other kind of helplessness, nevertheless there is no sharp dividing line between helplessness due to disease, whether of body or of mind, and that due to moral or other causes. Any attempt so to separate the proper fields of social service for nurses and for lay workers will be futile. In recognizing, in understanding, and in relieving physical helplessness the visiting nurse has the great advantage over the lay worker. Moreover, her uniform admits her to the very center of the home, whereas only the parlor in many a house would be open to the friendly caller in her street dress. In other words, for one acquainted with all forms of disease, while searching for the causes and ways of relief, it is easier to pass from the physical into other realms, such as the moral and economic, than it is for any one without this knowledge to make the necessary allowances for purely physical causes of whatever helplessness is encountered.

From this sketch of the various departments

of modern nursing it must be apparent how great is the need of better training schools for nurses. Our only hope of getting them is by changing the present widespread dissatisfaction into an effective public demand for their improvement.

CHAPTER VIII

HOW TO GET BETTER NURSING SCHOOLS

In the previous chapter I have told how far short the present training schools fall in fitting nurses for the many different kinds of nursing needed. That their pupil nurses are indispensable to the hospitals, and that after their graduation they are excellent hospital nurses, does not save these schools from very low rating if judged by educational standards. It is, therefore, no wonder that ambitious young women, — college graduates, for instance, — in search of professional education, hesitate to take up nursing, and instead choose other professions that have real schools, but in which they have to compete with men. Regardless of the great need of better nurses, even if only to furnish proper educational opportunities for young women in lines of work where their sex is an advantage, better nursing schools should be provided. How this great

improvement might be effected I now propose to show.

With even slight knowledge of the subject it is evident that the development of training schools for nurses depends mainly upon the kind of relationship between the schools and the hospitals with which they are connected. There are three principal kinds of such relationship.

First, where the educational institution owns and manages the hospital; second, where the hospital owns and manages the school; and, third, where the two institutions are under separate management, but more or less closely affiliated.

(1) To the first class belong the hospitals and schools of the Protestant deaconesses and the Roman Catholic sisterhoods. Some of them are very old and famous. In this scientific age, however, it is generally believed that such connection between the hospital and Church has been outgrown. But these institutions have a tremendous economical advantage over other hospitals, and it is not at all

unlikely that we shall yet see a great revival of the Church hospital and training school, as we have lately seen in this country a great development of Church day schools.

(2) In America the hospital ownership of its training school is nearly universal. The wonderful increase in the number of training schools during the last quarter-century has been primarily due, as we have seen, not to a wide-spread educational movement for the benefit of young women, in order to fit them in the best possible manner for the subsequent practice of nursing, but rather to the recognition on the part of hospitals that student nurse service is better and cheaper than any other nursing service available. Owing largely to this economic discovery the number of hospitals in the country has increased tenfold within the past twenty years, and nearly every one of them now owns a training school. Hospital nursing meanwhile has been revolutionized. Too much cannot be said in praise of its present efficiency.

Although many of the hindrances to nursing

advance are due to this subservience of the educational to the eleemosynary institution, nevertheless, so firmly is this custom intrenched that even those who recognize its great disadvantages still accept the arrangement as inevitable.

It is surely well for those who are interested in the education of nurses to look squarely at all the obstacles thereto. We can then plan to surmount them. Almost all of our hospitals are governed by trustees, who are elected or appointed solely for the efficient and economical management of the hospitals. The nurses' training schools belonging to these hospitals are merely side issues. Whatever interest in them the hospital trustees may have is due primarily to their anxiety for most efficient and economical nursing service. The resident physician or medical superintendent of the hospital is merely the salaried agent of the trustees. It is his first business to suit them, and the matron of the hospital and superintendent of the training school is only one of his assistants.

Of course, as we all know, some hospital trustees and some hospital superintendents are also interested in the higher education of their nurses beyond the hospital's immediate advantage, but to such men this is a secondary and not a primary interest. In point of fact, it is seldom even that much; for there are very few hospital trustees in this country who make the management of their hospitals a matter of first interest. What, then, can be expected of them in advancing the profession of nursing? It would be just as sensible to expect hospitals to manage medical schools to the advantage of the profession of medicine as it is to expect any advantage to the nursing profession from the hospital's ownership and management of the training school. The hospital depends upon practically gratuitous nursing and medical service from students of nursing and of medicine who are glad of the opportunity for practice that such service affords. The medical students who serve as internes must have had previous education in the medical

schools, and student nurses ought also to have preliminary and preparatory education before being given practice in the wards. And why, it may well be asked, should it be expected that young women must learn their anatomy and physiology, for instance, while hard at work, when their brothers in the medical school are allowed all of their time for these studies? The unfairness of this discrimination against the nursing profession is not lessened by the fact that a shorter course of preparatory education is needed for the student nurse before she begins the actual practice of nursing than is needed by the medical student before he is given practice even in out-patient assistantships.

All medical schools offer opportunities for this preparatory education. Why do not all training schools do likewise? There is but one answer. The hospitals which own the training schools think they cannot afford the expense of preparatory courses. And yet many of these same hospitals pay to their student nurses in small monthly stipends as

much as proper preparatory courses would cost.

The cause of this and also of other glaring anomalies in the present régime is easily found in examining its development. Before their training schools were started, the hospitals depended for their nursing service upon hired servants often of the lowest class. When these toughened women were displaced by student nurses, the same wages were paid and too many other of the same conditions remained in force. It is very true that many of these hardships have been ameliorated, but the fact remains that hospital student nurses do not yet have anything like a fair chance for acquiring such an education and training as will best fit them for future usefulness.

The defenders and advocates of the present system of hospital owned training schools maintain that the only education needed by nurses can be acquired in the actual nursing of a great many cases. We need not stop to discuss this proposition, further than to point out the fact that only a certain amount of

nursing service can be given by any one nurse and, therefore, it matters not by how many hundred or thousand other cases she is meanwhile surrounded. For even if it be admitted that a nurse's proper education is provided for in the opportunity to see and to nurse a great number of patients, it surely cannot be gainsaid that the variety of cases thus available is at least of equal importance.

In a great general hospital the medical internes, it is true, have the chance of seeing many rare diseases, and very many cases of the common diseases. To a less extent the student nurses also have this advantage. But inasmuch as hospitals admit only certain forms of human helplessness, it necessarily follows that the hospitals afford their nurses correspondingly restricted oppportunities for their education. Thus, in one hospital there are no contagious cases, in another, no obstetrical cases, and so on. Worse than this, the special hospitals that receive only women patients, or children, or only mental or nervous cases, all have their training schools.

Some few hospitals have lately tried to arrange for their student nurses exchanges of service, but this movement, which is of great educational promise, is beset with difficulties. The interests of the different hospitals clash, and even where they are virtually under the same management this exchange of service, after having been proved most desirable from the educational point of view, has been discontinued. Such arrangements for the broader education of nurses, however, can very easily and naturally be made by the independent schools.

But, even with all the possible advantages of service in several different hospitals, there is still lacking in hospital training schools the opportunity of learning how to care for the common everyday ailments and invalidisms and helplessnesses, which are never admitted, or, if by accident admitted, are never allowed to remain in hospitals. And yet in the actual practice of both physicians and nurses by far the larger service is to just such patients.

Not only are nurses whose training has been

solely in hospital wards under the disadvantage of never having even seen many of the common forms of human helplessness, but they go out to private practice under the still more serious disadvantage of never having learned to take care of patients in their own homes, surrounded by their families. This is the chief cause of the dissatisfaction on the part of the medical profession and the laity with modern nurses. When the patient is acutely sick, and especially when a serious surgical operation is necessary, then the modern nurse is recognized as a blessing. She is then in her own element, for success depends upon transforming the home into a hospital. But, when the successful treatment of the patient as well as the happiness of the patient's family depends, as in nine cases out of ten it does depend, upon keeping the home from being turned into a hospital, then the modern nurse is not so sure of being thought an angel. For it is one thing to be able to take excellent care of a dozen patients in a hospital ward, where all materials are at hand, and where no thought need be

given to the domestic arrangements, and it is quite another thing to take good care of a single patient in her own home, where no proper appliances are available and where the whole household machinery is easily upset.

Of course this very different kind of nursing can be afterwards learned by graduates of the hospital schools. As we all know, many such become excellent private nurses. But such ability is gained not where it should be gained, during the nurse's studentship, but in her subsequent practice, where the nurse is paid maximum fees. This serious educational disadvantage in the hospital schools is fast being recognized by all teachers of nursing, and many hospital schools are arranging for the instruction of their student nurses in district visiting nursing. What, then, prevents the general adoption of this improvement? Again the same answer — the hospitals cannot afford it, they cannot spare their student nurses.

Here we have the underlying disadvantage in the hospital ownership of its training school. In such subordination of educational ideals

to utilitarian ends no real professional advance can be expected. Even in the manual training schools, where pupils are fitted only for trades, the product of the pupil's endeavors is of only secondary consequence. The pupil's education and training is the sole purpose of these schools. But in the hospital nursing schools, on the contrary, the usefulness to the hospital of the student nurse's work is the only consideration. Even her health is of minor consequence.

(3) Before considering the advantages of affiliation between separately governed nursing schools and hospitals we may well bring into view the kind of training school required by our present ideals of nursing.

As regards the department of hospital nursing, little need be said. In that respect the training schools of the present day are most proficient. That, as we have seen, is because the schools exist for the primary benefit of the hospitals, and because they are so entirely controlled by hospital trustees. Were the training schools controlled, as are all other schools,

by educational boards, whose primary purpose is the education of their students for their highest future usefulness, there can be no doubt that at least equal opportunity would be afforded in the training schools for education and training in the other departments of nursing.

For instance, proper preparation for private family nursing includes thorough education and practice in all branches of housekeeping. In wealthy households the nurse, it is true, may not need such knowledge, but in the average family, and especially when the mother is the patient, a nurse who is not a proficient housekeeper is worse than useless.

And again in the departments of visiting nursing and school inspecting, where trained service is now in rapidly increasing demand, proper preparation requires special courses of instruction and full opportunity for practice under teachers who have mastered these specialties of nursing. Further instances need not be specified in support of our main contention that the ideal training school must

prepare nurses for the kind of service the public demands. And is it not self-evident that such training schools can be inaugurated and maintained only under the management of educational boards?

Inasmuch as more than nine tenths of our nurses are women, it is certainly fitting that the majority of the educational boards in charge of training schools should be women. And so fast as possible these boards should include in their membership graduate nurses who have become permanent residents in the neighborhood. In the case of many of the smaller hospitals, their boards of managers fulfil these requirements, and might naturally be thought perfectly competent to manage the training school as well as the hospital. If so, it still is important that there shall be two separate organizations, even of the same people, as managers of the two very different institutions — the hospital and the school.

But it is of far greater importance than the composition of the board of trustees that the direct management of the nursing school shall

be vested in a faculty of teachers. This requirement is a *sine qua non*. No real school can possibly be otherwise managed. Without schools so managed no profession can advance.

If this ideal of the nursing school be accepted — that it shall be managed by a faculty of teachers responsible only to a board of trustees, a majority of whom shall be women — then the advantage of an organization separate from that of the hospital becomes very plain, at least so far as the interests of the school are concerned. And our inquiry now should be directed to the effect upon the hospital of such a separation.

Those who believe in continuing the customary subordination of the school to the hospital are always urging the necessity of having one responsible chief, who as the superintendent of the hospital shall have absolute control of every person on the premises. That is all very well. No one will dispute that. But why should such a chief have any more control of the school that furnishes the nurses than he has over the school that furnishes the

medical and surgical internes? The student nurses who are sent to the hospital for their training must, of course, while in such service be absolutely obedient to the hospital organization. Failure in this respect should in their case, as in the case of the internes, involve their instant dismissal from the hospital's service. Moreover, it may well be provided that the matron of the hospital and her permanent assistants should also be members of the faculty of the nursing school. This would inure to the benefit of both institutions.

One great advantage of having separate organizations for the school and the hospital comes in the relief that such separation gives to the hospital management. As a member of the faculty the hospital matron can well afford to give her advice and assistance to the school. In that faculty she is in charge of the department of hospital training. But she is relieved of the overwhelming responsibility now resting upon most hospital matrons of managing also the preparatory and all other departments of the training school. If it works well in the best

private hospitals, instead of maintaining training schools of their own, to employ only student nurses from other hospitals which have their schools, why should it not work equally well in all hospitals to employ only student nurses from independently organized schools? The answer is that wherever tried this kind of affiliation between school and hospital does work well for both organizations.

If the scheme be considered only from the financial viewpoint, the arguments are wholly in its favor. There is no reason why hospitals, supported by charity, whether public or private, should pay more for nursing service than for medical service. The permanent officers of the hospital, both nursing and medical, must, of course, be paid salaries; but the constantly shifting force, both of student nurses and of medical internes, if given board and lodging, is sufficiently paid in the opportunity thus afforded for acquiring practice in their professions. Were this principle more generally recognized, the hospitals would feel more free to maintain an adequate nursing

force, and the student nurses would be emancipated from many of their inherited servile hardships.

Against the separation of school and hospital may be urged the impossibility of the nurse's serving two masters. Such objection entirely misses the mark. For it is the nurse's business first, last, and all the time to serve her patients in absolute obedience to medical direction. This is also the business of the whole hospital organization of which the nurse is a part. The only purpose of the nursing school is to fit her for this service, and, therefore, in perfect loyalty both to her school and to her hospital there can be no conflict. Her duty to the one involves her duty to the other.

When once this indispensable independence is gained for the training schools, for their further development we have only to follow steps already taken for the advancement of other new professions, which, like that of nursing, are really special departments of the grand profession of medicine. Take dentistry for example. The dentists, scarcely fifty years

ago, were either self-educated or they picked up what they knew by apprenticeship. Then schools of dentistry were established for the pecuniary advantage of their promoters. Such, indeed, was also the sole purpose of many medical schools that only lately have been driven out of existence. Then, as the public awakened to the importance of better dentistry, there came the demand for truly educational schools, which our universities at last heard and answered.

Even our domestic animals have had the same good fortune. Veterinaries were formerly self-educated. Then came schools which sold diplomas for the profit of those who signed them. This would not do. And, again in response to public demand, the universities added another department. For our teeth, our horses and dogs, when ailing, we can now have doctors of dental or of veterinary medicine who have been properly educated for the practice of these professions. Why, then, for our nurses should we be content with schools under no real educational direction, however

profitable they may be to their hospital proprietors? Or rather why is not our discontent voiced so loud that it shall reach the universities?

The state universities have latterly made great strides in practical education. Supported as they are by direct taxation, they have found it necessary to furnish what the people want. Purely academical education was not enough. The arts and sciences must all have university support. Even the trades must likewise be helped. These universities should also be asked to undertake the education of nurses. There can be no doubt that such a request, if popular, would receive favorable answer.

The older universities, and some of the newer that have been established by great gifts and bequests, would not be able, perhaps, to add a school or department of nursing unless additional endowments for that special purpose should be given them. And the hope of such endowments depends upon a more general knowledge both of the need and of the

feasibility of nursing schools under university control.

In providing intelligent educational direction for any professional school what other way is open? How else can the schools of nursing be wrested from their present hospital proprietors? For it is too much to hope that they will ever be able to look further ahead to the interests either of graduate nurses or of those who afterwards will be dependent on their services. Indeed, it is more probable that these trustees will always feel obliged to get their nursing service at the lowest price. And if they could not be shown, as I believe they can be shown, that by the university adoption of nursing education they would have better nurses for their hospitals and at no higher cost, every movement for such schools would encounter their opposition.

As regards the need of better nursing schools I hope I have made that clear. And now, in order to show the feasibility of the adoption of such schools by universities, I offer the following considerations.

In the first place, only the universities afford the best security for proper financial care of educational endowments. Without this security no great gifts or bequests for the advancement of nursing ought to be expected. And, what is still more important, university acceptance of special educational endowments insures the proper use of such means for the purpose intended.

The immediate direction of every professional school must be left, of course, to a faculty of teachers, chosen by the university governing board and under its general supervision. Upon their wisdom and influence the character and usefulness of the school depends. The composition of such faculties is therefore the question of greatest moment.

Were nursing a separate science, or even an independent profession, it would be plain that the faculty of a school of nursing should be made up only of nurses. But such is not the case. Nursing is not so much a science as it is an art; and, moreover, it is not an independent profession, for nurses must al-

ways work under medical direction. A school for the education of nurses should, therefore, be a department of the medical school, which implies that its faculty must include physicians.

The teaching of such science as is essential in the education of nurses has generally been left to physicians, who have given courses of lectures and perhaps some smattering of laboratory instruction. But these medical teachers have had almost no voice in the management of the training school, which is one of the reasons why nurses and physicians have not pulled better together. Unfortunately the sex question has contributed too largely to this estrangement. Many of the leaders of the nursing profession have been fierce for "woman's rights." In their estimation nurses should manage their own affairs. And inasmuch as the great majority of the medical profession are still of the male persuasion, any efforts by physicians for the improvement of nursing have been regarded by these women as intrusive. This is folly. For, in spite of the

fact that nursing is preëminently a womanly vocation, men are often excellent nurses, and some of them excellent teachers of nursing. And inasmuch as nurses, after all, are only agents for carrying out medical orders, it is plain that physicians ought to have a large share in their education and training in order to insure beneficent coöperation.

A well-chosen faculty of first-rate teachers, some of them physicians to teach the sciences underlying the art of nursing, and the others nurses who as masters of the art shall teach it, would soon have a school worthy of its high purpose. For all that then would be wanting would be suitable pupils, and for such opportunity thousands are waiting. Many of them have already applied to the present schools for information, hundreds here and hundreds there; but when they have found out the educational poverty and the many other disadvantages of what is now offered, they have reluctantly turned away to other employments. Not a few have been advised to do so by physicians and nurses, who know only too well the

hardships and disappointments pupil nurses now have to bear.

It is not unusual in the annual reports of the hospital training schools to find that ten times as many young women have applied as there were vacancies, and yet that there is increasing difficulty in enlisting enough probationers. What a commentary this!

The usual criticisms, however, that deter women from entering training schools are not what I have already made: it is not their great failure to fit nurses for subsequent practice that is generally charged against them. Perhaps the most common deterrent is the sacrifice of health and strength that pupil nurses too often suffer. There is no denying that nursing is arduous work and that a shameful extra strain is put upon pupil nurses in having to acquire their theoretical education and pass their examinations therein, while working to the very limit of their strength in the wards, and often while short of sleep. But, on the other hand, it is true that young women of excellent physique, who vigorously

deny themselves every fatiguing diversion, and instead avail themselves of every chance to rest, generally finish their course of training without physical detriment. Some few, profiting by more regular régime and plainer food, even improve in health. No school, especially a school for young women, ought to be allowed existence where such results are exceptional. Were there any need of this too common sacrifice of health in the course of training, it would not be so intolerable. There is none.

In King's College Hospital I once asked Miss Monk how she secured such fine pupil nurses, so gentle and delicate and perfect seemed to me their service. She replied, "I take those whose health has broken down in other hospitals, for I have found that the sensitive, high-spirited, self-sacrificing probationers who are first to break down in health make the best nurses if only properly guided and guarded." She preferred the curb to the whip and spur.

The danger of damage to health, however, is

a more weighty consideration with their older advisers than with the young women themselves. What they most fear is any needless sacrifice of their independence. And there is no gainsaying that in the training schools there is still far too much of that.

The discipline necessary in a well-ordered hospital bears heavily upon young women who before have had their own way. The few who complain of that, however, have yet to learn the essence of service, and the sooner they fly away to more flowery fields the better for all concerned. No, it is not that they must sink their individuality for the good working of the corps, it is not that they must evince soldier-like obedience to every order however curt, but rather it is that they must be judged without fair trial by a single despotic chief, from whose condemnation there is no appeal. This it is that rightly frightens women of proper spirit from entering training schools. Of course, where the matron or superintendent or principal, however the despot be named, is a fine woman, as she often is, impartial and kind-

hearted, her pupil nurses may have no just ground for complaint against her decisions. But they cannot even then be content under such governance. Their real objection, whether aware of it or not, is to service under one who holds two very different offices. When they meet her, which is not often, they cannot tell whether she comes as matron of the hospital, on official tour of inspection, interested only to see that the work goes on well at any cost, or whether she comes as their helpful teacher, interested mainly in their individual progress and welfare. Willing enough they would be to work under martinets if only they might somewhere find their teachers.

Where, on the other hand, the chief, however named, has her pets and her pet aversions, or where she successfully conceals every evidence of kindly interest in her pupil nurses, their life may be almost unendurable. The long and short of it is that the present autocratic organization of hospital training schools is an un-American anachronism. And that it is so regarded by young women of discernment,

who for this among other reasons, although desirous of being nurses, shrink from the training, would soon be shown by the number that would enter a school of nursing where their education would be in the charge of a faculty of teachers. But such a faculty, and the diplomas they give, must have university standing. Diplomas signed by a hospital chairman and some equally unknown superintendent of nurses are pitifully valueless, even if accompanied by gold breastpins engraved with the date of the founding of the hospital.

The proper organization of a university school of nursing, although a new departure, involves no great difficulty. Having given the subject much thought I cannot resist offering a plan, which by happy chance may help others to formulate their own ideas of what such a school should be.

We must first agree as to what shall be taught. Fortunately that is easy as regards the two essentials of elementary science and of thorough drill in hospital service. For the first of these a full year's work is indispensable be-

fore the pupil nurses are given actual nursing; and for the hospital drill between one and two years further are needed. Besides these essentials, there are two others, regarding which assent from nurses need not be expected. One of these is housekeeping: for nursing includes that, however vigorously modern nurses may object to the fact. The other essential is devotion to the helpless, not only as individuals but as members of families, — domestic nursing it might well be called, in distinction from hospital nursing. With these four essentials before us of what shall be taught, we are ready for the questions of where and how and when this teaching shall be given.

The scientific foundation of nursing, which usually has been taught in some fashion by physicians, ought to be and would be taught much better by medical teachers employed and paid by the university. There would then be hope of more sensible methods and of more suitable textbooks. In anatomy, for instance, instead of burdening the pupils with names which most physicians have forgotten, they

would be taught mainly on the living model what nurses ought to know. The general principles of physiology, rather than finespun theories, would be emphasized. And so in chemistry and in bacteriology, it surely is possible to give an intelligent understanding of vital processes, and of harmful germs, without burdening nurses with so much useless information as now is thrown at them in haphazard fashion. Their trouble has been that their teachers have not taken enough pains to select what ought to be taught them. Physicians are not alone at fault in this matter; for nurse authors also have put forth ridiculously unsuitable textbooks. Some of these compendiums have undertaken to give all the sciences nurses need, and descriptions of all diseases with directions for the treatment needed, with recipes for invalid cookery and tables of weights and measures in the appendix. If confined to a single subject, as for instance *materia medica*, as much is given as would fit a druggist for his license and more than any nurse or even physician needs to know.

This scientific education should all be acquired by pupil nurses in their first year, before actual nursing is required of them. Just as medical students must have this scientific foundation before they even see the hospital wards, and much before they have opportunity to assist in the care of patients, so pupil nurses ought to be taught beforehand. But as good nursing depends so much more than does the modern practice of medicine upon technical skill and tenderness of touch, training in this direction must be given to pupil nurses simultaneously with their scientific education. All teachers of nursing agree upon this necessity. But it is not necessary to give this training in the wards, as is customary, at the expense of the sick and suffering. For it can be taught and learned better, first on healthy models, and then in the care of those whose helplessness is due not to sickness or accident but rather to infancy or old age.

Another essential of nursing education, proficiency in domestic science as nowadays it is called, can likewise be given during the first

year of pupilage. Nursing, after all, is largely housekeeping for the sick. No one can do that who has not first learned how to do it for well folks so that it has become a second instinct. This comes only by happy combination of theoretical knowledge and thorough drill. Just as at West Point soldiers are taught the housekeeping of their camps and then, by long practice under their teachers, acquire the instinct of perfect orderliness, so nurses can likewise be taught this essential efficiency by doing all of the housework of their school home under teaching supervision. Drudgery this may be considered; and so it is if not done with enthusiasm and with consciousness of its import.

When Florence Nightingale appealed from Fliedner's verdict that she was too fine a lady to undertake the nurse's training, he said, "You would not want to scrub that corridor floor?" "Give me the chance," she answered. And at it she went. A hard job it was, too, as she herself told me. But she did it, and many another equally dirty task. Her first hours in

the Scutari hospital were spent in cleaning one room, that she and her nurses might have a clean floor to sleep on. The next day they succeeded in ridding the barracks of corpses. Before the second month had passed, the four miles of hospital wards were clean and vermin free, every patient and every bed was clean, and every man well fed. That certainly was a triumph of housekeeping. And yet before she went to Kaiserswerth she had never done housework. Nor would she there have gone down on her knees, with scrubbing-brush and soap and sand, had she not with the intelligence of her high purpose recognized the meaning of it all.

Fifty years ago girls were taught housekeeping in their own homes. Now they are not. And because they have not been taught it in the training schools, they have not been able, as nurses, to take proper care of private patients, especially where the patient was the homemaker. Even where there are cooks and maids, nurses who are ignorant of housekeeping make no end of trouble. And where there

are no servants to wait on them such nurses are almost helpless. As hospital matrons they also often fail for the same reason. It is usually the housekeeping, homemaking part of the hospital that, from the economical as well as from every other point of view, is worst managed.

From the foregoing specifications of what pupil nurses should be taught during their first or probation year, it will be seen that they must live together in a school-home, where they shall be taught and drilled in domestic science and where they shall also have class room and laboratory instruction in the other fundamental sciences. The only remaining need for this first year is provision for teaching the art of caring for helpless individuals, infants and old people, or convalescents who no longer need actual nursing yet are not fully able to take care of themselves. There never will be any lack of such opportunities. The visiting nurses in any community would be thankful for such successors; the societies for following up patients discharged from the

hospitals, the infant asylums and day nurseries, the homes for the aged and the poorhouses, all will rejoice over such kindly aid as the probationers can give. For this branch the best teachers are needed. Closest attention must be given to each probationer, in showing her the loveliness of such personal service, in stimulating her enthusiasm, in teaching her how to bring her best heart impulses into effective action. The teacher and probationer together should make the first of these visits to the helpless. And afterwards, when the visits are made by the probationer alone, the teacher should follow her to find out what she has done. Of truly helpful visits evidence may always be found.

If only such a year's work as I have thus outlined could be provided in university schools of nursing, the benefit would, indeed, be great. After such education and training, the pupil nurses, it is easy to see, would be far more ready for hospital service than the probationers now accepted. The hospitals would be relieved of the cost and trouble of the preliminary teach-

ing and training now so imperfectly given in their schools. This, however, is not enough. For no university school could be content with giving a merely preparatory course. But before outlining the subsequent education and training of the pupil nurses until they are fit for university graduation, we may well stop to consider the cost of this preparatory year.

Given suitable housing, the main expenses would be for the teachers' salaries and for the housekeeping. During the three following years of the course there would be sufficient income from the pupil nurses' services to meet the whole cost of these years. But for the first year there would be no income from this source. They would at best only partially earn their board and lodging by the housework necessary for their training in this branch. Therefore the whole cost would have to be met by income from endowment, by tuition fees, or by the income from both these sources. As regards the possibility of tuition fees there is no reason why such a charge should not be made as in other professional schools. But in

consideration of the large number of young women, in every way desirable, who have to earn their living, scholarships should be liberally provided.

The cost of the preparatory year, supposing the class to number fifty, and judging from the experience of the Waltham training school which for twenty years has maintained a similar preparatory course, would be one dollar per day for the living of each pupil. For forty weeks this amounts to $14,000. The principal of the school should have a salary of $2000. Two physician teachers should have $500 each; the domestic science teacher and the assistant principal, $1200 each. For six additional nurse teachers $5000 more would be needed, making the salary cost $10,400. Incidental expenses would amount at least to $600, which makes the total cost $25,000, that is, $500 for each pupil. A tuition fee of half this amount would be reasonable, and this would make necessary for such a preparatory year the income of an endowment of $300,000. The cost of suitable buildings for

the first year and also for the years following, with provision for their upkeep, would be $200,000 more. Besides this half-million dollars needed for the establishment of a university school of nursing, it would be highly desirable if not absolutely essential that there also should be in the medical school an endowed professorship of nursing which would provide for a director of this department.

This may seem a huge outlay. But what other investment would bring such grand returns! Each year for succeeding generations young women would have as fine an opportunity to prepare for noble life work as now their brothers have in the medical and theological schools that have been so generously endowed; and each year twoscore or more would go forth perfectly fitted for the highest kind of altruistic service. Other university schools, after one successful demonstration, would soon be established. The art of nursing would be redeemed.

So far only the first or preparatory year of our model school has been considered. The

hospital part of the course needs less attention. For that, as I have said, is in most respects already excellent. Only small changes would be necessary and these can be quickly summarized.

In return for the gratuitous service of the pupil nurses, the hospitals might easily be persuaded to take better care of their health and strength by demanding shorter hours of service, by providing a separate room for each nurse, and, most important of all, by employing a sufficient number of first-rate teaching supervisors. Under such conditions, if the pupil nurses, as fast as they have become proficient, should be changed from one kind of service to another, less time than is now considered necessary need be devoted to hospital service. The thorough preparation the pupil nurses would have previously received, and the larger provision for their instruction in the wards, would facilitate this quicker interchange and shortening of their term of service. At any rate, after one full year of such instruction, the pupil nurses should be taken out of

the wards for training in other equally important branches.

At least six months should be given to visiting nursing, school nursing, and social service. All of this must be under constant teaching supervision, to insure that in actual practice the lessons learned shall be carried into effect. Here may always be found the best opportunities for the development of the nurse's character. Her self reliance, her ingenuity in making the best of makeshift material, her tact, her ability to change all surrounding influences of family and neighbors from disturbing into helpful factors, for the patient's comfort and relief, all these essentials of nursing can be taught and learned in the patients' homes far better than is ever possible in hospital wards.

Such services should be gratuitously given; but the associations thus profiting by additional workers should bear the expense of their board and lodging and of the extra teachers needed.

After this outside experience the pupil nurses should return to the hospitals for further

training. They will then have a wider horizon of the nursing field. They will then be able to see the individual souls and social needs of the patients, as well as the diseases from which they suffer. In meeting these human needs they will henceforth be able to do more in minutes than before this experience they could do in hours. They will find that this extra service is the great essential, and that it can be given far more naturally and efficiently during the actual nursing, which before was wrongly thought to be the great essential, than it can ever be given apart from such personal service. In short, they will have learned the deeper meaning, the true spirit, of nursing. Henceforth as head nurses they will be able to inculcate this spirit in their juniors; and, only as they do this, will what they have learned be ingrained in their characters.

The duration of this second part of the nurses' training should depend upon what branch of nursing they expect to follow after graduation. If they elect hospital nursing for their vocation, the term of such service, of

course, should be longer, perhaps a year and a half. If, on the other hand, they have discovered greater aptitude and liking for domestic nursing, social service or visiting nursing of any sort, this second term of hospital nursing ought not to be more than half so long, and the time thus gained should be given instead to such form of outside nursing service as they may elect.

It is much to be hoped that many of those first privileged to acquire real education and training in an ideal school will feel and heed the call to be themselves teachers of nursing. The teaching art is quite independent of ability to practice. Only occasionally is it found. For it special education is necessary; and five years, as Miss Nightingale says, are needed. Plainly, then, one of the especial services of a university school of nursing will be as a normal school; for the immediate need of better teachers of nursing is tremendous. However general university adoption of this kind of professional education may become, there will always be for every such school scores of others without

university affiliation. And for many long years it is mainly as a leavening and a standardizing of the profession that the greatest good will result.

Returning now to the vital question of the faculty's make-up, all the teachers in all the different branches should be included. For only so can these different interests be weighed and their relative educational values estimated. The service of the pupil nurses will be none the less satisfactory when their education is thus made of first importance. Besides the general direction of the whole course, particular attention must also be given by the faculty to the best development of each individual pupil. This can effectively be done by assigning each of the probationers as they enter to some one teacher, who throughout the course shall be charged with her guidance and so be able at every faculty conference to represent her individual interests.

Wearisome details are these, I fear, to the general reader. All I hope from it is that those responsible for the education and training of

our future nurses shall have a larger, deeper sense of their responsibilities. The vital point is that the time has come for taking away this responsibility from the hospitals. Great opposition to so radical a change must be expected. Vested interests are not easily dislodged, nor will our modern nurses give much help in the reform. And our only hope of it lies in an awakened public interest.

CHAPTER IX

AMATEUR NURSING AND NEIGHBOR HELPING

Few of those who may have read thus far will probably ever be able to take active part in improving the training schools. And before we shall have a sufficient supply of excellent nurses for all the varied needs of the community it will at best be many a long day. Meanwhile much that ought to be done for our helpless neighbors will go by default unless all whose hearts move them towards fellow-service follow their impulses. Each must first study the surrounding field and then begin where the need seems plainest.

Every one can do something in the way of personal service, which is the thing always needed. That it is not easy to begin has to be admitted. Self-distrust stops, and morbid self-consciousness spoils, many a well-meant kindness. Moreover, much of the "charity" work, wherever found, is disheartening because so

cold and lifeless. New members of such organizations cannot escape discouragement. And yet if these same young enthusiasts start new associations, without the guidance of experienced workers, the chances of miscarriage of purpose are at least ten to one.

Let me tell this story by way of illustration. Years ago a club of school-girls eager to do something for others were advised to arrange a system of visits to the helpless, — to the aged, the blind, and the bedridden. The girls were to read or sing or tell stories to them; in some way or other they were to entertain them. They were to give personal service, but no money or materials. For a year or two this scheme worked well: at any rate, the girls improved. But as new members joined the club somehow its purpose and character changed. Every month meetings were held to sew for the poor, which soon became gossipy afternoons with tea and confectionery. But the next year a fair, and then a dance, had to be given to raise money for material for the sewing-bees. The visiting to the helpless was delegated to a

committee, which soon had time only for investigating the relative poverty and affliction of those who now began to appeal for warm clothing. Finally even this kind of visiting was dropped, and the last possible chance of personal service disappeared. The society still exists, but a few badly cut and poorly made nightgowns, not very wisely distributed, figure as the sum total of its service to the helpless.

I suppose somewhat similar histories belong to most communities. Relief associations formed by those who are personally acquainted with the poor and suffering succeed for a time in bridging the chasm between those who can give and those who need help. But this bridge is at best a frail one, built as it is only of continuous personal service. When that fails the relief association soon becomes a mere social club, whose dances and private theatricals may possibly bring in some surplus above expenses for the club's pet charity.

Material help, of course, must be provided for all kinds of charitable institutions. And let all praise be given to the social clubs and

hard-working aid societies that raise the wherewithal for hospitals and other relief organizations. Far be it from my purpose to say aught in detraction of their invaluable service. I desire only to emphasize the fact that the impersonal gift of material, of food or clothing or money, is not enough. Real neighborliness means much more than that. The good Samaritan, it is true, gave money; but he gave more. So must we.

Take the flower mission, for example. When it began there was a novel pleasure in gathering the wild flowers, tying them up in bunches, packing the baskets and sending them in to the city. Soon it became a rather stupid task. No one's imagination of what joy the flowers might give to the sick was vivid enough to create any enthusiasm among us. Nor was there, as I afterwards saw, any particular pleasure in the hospital wards where the flowers were distributed. There was no direct communication between the rosy-cheeked children who searched hillside and meadow for columbines and marigolds and the wan and wasted

patients to whom the flowers were sent. And it is no wonder that the flower mission has languished. For flowers in themselves, however choice and lovely, are not what the helpless most crave. What they really want is the freight of human sympathy that flowers may so easily carry.

One early morning I happened to meet at the hospital door three little girls with their aprons full of daisies and buttercups. Timidly they asked if "the sick folks in there would like these." I told them to come in and see. So back to the wards we went, and without a word the shy little maids handed to each patient a few of their flowers. The effect was like a burst of sunshine after a gloomy siege of weather. No costly roses or priceless orchids sent by express could have wrought that spell. The magic of it was in the personal touch.

Every physician is accustomed to the question from would-be helpers if he can tell of any sick and suffering people for them to visit. His usual negative answer must seem strange and discouraging. The fact, of course, is that he

knows many such, but he doubts if they would be helped by beginners. Probably he is wrong in not oftener taking the risk of that; for some will be helped, and at any rate some of the helpers will acquire skill and tact and the power of bringing their hearts into effective action. Fortunate, indeed, is the physician who has at his call such a staff of experienced helpers, and richly is he repaid for whatever trouble he has taken to teach them what the helpless really need.

For the same reason hospital and asylum managers often seem unwilling to accept offers of friendly visits. The truth is such visits are generally disappointing. Tactlessness is usually due to lack of sympathy, and any sign of that in the visitor defeats the whole purpose of the visit. For instance, I have known a volunteer choir, after walking through the corridor laughing and joking as if on the way to a circus, when finally in the ward, stare curiously at the patients, and then, having made a try at the pitch, dole out only the most melancholy hymns. The effect of it was not unlike that

produced when from the undertaker's wagon there is unloaded at the hospital a mass of half-wilted flowers, many of them wire-stemmed and banked in pillows or other emblems of consolation. Had these singers reversed their procedure, and, after quiet passage through the corridors, given forth their jollity in lightsome song, they would then have brightened and cheered the wards. For music has such power of charm to divert us from our woes that it is of immense therapeutic value. And yet in our hospitals and asylums music of any kind is but seldom heard.

The monotony of helplessness is one of its greatest terrors. Any relief from that is, indeed, a blessing. Reading aloud to those who no longer can read for themselves offers large chances for giving this relief. One would suppose such friendly service would be freely offered. As a matter of fact, acceptable readers to the sick are seldom available. For one reason reading aloud is not nowadays such a common accomplishment as when the privilege of sitting next the tallow-dip carried with it the

obligation of sharing the book with the assembled family. The need, however, is not for elocutionists but for ordinary readers. Simple, distinct, low-voiced reading is what is wanted; and any one who really tries soon learns how to read acceptably. I know of no better way for girls to begin helping the helpless. Even those whose daily tasks and social duties seem to claim every hour, if they really want to do so, can squeeze in engagements for this service. I have seen great comfort so given, and in the readers themselves large growth in power of friendliness.

Years ago a young clergyman's bride offered at the hospital any kind of service for an hour or so a day. She had not begun her own housekeeping, and wanted, as she said, some escape from boarding-house vanities. She longed to be helpful, and she was taken directly to the bedside of a Swede who was discouraged over his long-delayed recovery from a severe accident. She soon found he was ambitious for education and began giving him lessons, in English one day, in algebra the

next, and so on. The weeks for that poor fellow flew by. His recovery undoubtedly was hastened. He was thereafter better able to earn his living. And she? I cannot testify to any change in her character from this particular episode; but when a year or so afterwards she was suffering woman's most poignant sorrow, having lost her newborn child, her steadiness was remarkable. The habit of sympathy, of living in the lives of others, takes us out of ourselves, which, after all, is what more than anything else most of us need.

To experienced friendly visitors the hospitals afford endless opportunity for the rescue of souls. So long as health holds out it is rarely possible to persuade the reckless to turn from the slippery downward path. But when they bring up on their backs, tortured by pain and remorse, then it is that they will clutch at a helping hand. For such work, especially in the rescue of wayward girls, more wisdom and patience, truer sympathy and higher courage, are needed than in any other branch of social service. From the nurses the most that can be

expected is the melting through of the poor girl's defensive brazenry. The nurses have not time for more. And this entrance when won by their sisterly sympathy must immediately be utilized by new friends who, joyful over her turning from darkness towards the light, will henceforth help her up the steep climb of reinstatement. I have seen both brilliant successes and also ghastly failures in this kind of fellow service. And I now believe that the failures have often been due to lack of loving sympathy. Once in the etherizing room, as I was saying a word of cheer to a girl about to undergo a serious operation, I was startled by her whispered wish that she might not survive. The day before I thought she had found new hope and courage. "Why this change?" I asked. And then she told me she had overheard the head nurse say that "the hospital was not for the likes of her." On the other hand, many times have I seen the recovery of self-respect come with the convalescence, thus richly rewarding the combined efforts of nurses and friendly visitors.

In such cases personal service is indispensable. Moralizing is worse than useless. It is in shampooing and manicuring, then in cleansing and neatly repairing the poor girl's clothing, and in making over her tawdry hat, that her new-found friends have their best chances to help her regain her self-respect. This, of course, is only the beginning. Ultimate restoration of character depends upon long-continued care, upon change of environment, upon new friendships. Contrary to customary opinion, I believe in the greater usefulness of male friends in the rescue of women. In the rescue of men we all know the greater influence of women.

The most pathetic form of human helplessness is that of the deserted girl and her illegitimate child. And yet very few there are who stand ready to help them. If possible, even their existence is ignored. In country towns the almshouse or the hospital of the county jail is their only refuge, and more degrading surroundings for mother and child cannot be imagined. In the cities there are more or less

well-conducted maternity hospitals; there are also free shelters of various kinds for expectant mothers; and only the absolutely friendless have to go to the large almshouse hospitals. Naturally many drift from the country to the city, where they can escape observation, but where also they have no friends; for in the hospitals, to the medical students and nurses, they are simply cases.

In one of the shelter homes I was once shown the dainty dining-room for the matron and visiting clergyman and lady directors. The tea-set was of delicate china; there were flowers, too, and ferns. Across the hall was the dining-room for the inmates of the home, with bare plank tables, thick crockery, and no flowers. Religious services were held there with great regularity. And yet, as the matron complained, only rarely could they feel any hope of a girl's redemption. What wonder!

In my time not even the flower mission visited the Boston Lying-in Hospital. But when I began my service as house physician

there I was told that, in any case of special distress, either of those whose time for discharge had come, or among the sad applicants for admission, there were just two women in the city upon whom I might call for assistance at any hour of the night or day. Miss Mary Parkman and Miss Elizabeth C. Putnam were the names given me. It was not long before occasion arose for so calling. When told she was well enough for discharge from the hospital, a poor weeping mother said she had no money and no home to go to nor cradle for her baby. To beg in the streets would be her only resource. I telephoned for Miss Putnam. Her answer was, "I will come at once." Her solution of the problem was masterful. A temporary home was found where mother and daughter would be kindly cared for, until, as the woman recovered strength for work, more permanent arrangements could be made for them. Thirty years afterwards Miss Putnam asked me if I remembered the woman, and then told me of the happy children of that baby girl. During all the years she had kept

track of the family, encouraging, advising, loving them. This was but one of hundreds and hundreds whom she has thus befriended. Yes, and she remembers them all.

Why should not there be such friends for every forsaken girl, and for every fatherless child? Is it not plain that lives would then be saved which now are lost? "What is done for the illegitimate babies in your city, Mr. Mayor?" I once heard the Countess of Aberdeen ask. "We have none," was his brazen answer. "Ah," she rejoined, "this certainly is a remarkable exception. I shall investigate further." And with her unerring instinct for lifesaving, aided by long experience, she soon found out what was done in that city for such babies. They were sent from the private maternity retreats to so-called infant homes where, in case the baby should live less than one week, five weeks' board would have to be paid. When these homes were raided, a few desperately sick babies found there were removed to a hospital, where, in spite of every care, all died. The autopsies disclosed the

cause: the babies had been fed with powdered glass.

I do not know if such awful conditions now exist, for it is ten years since I have made any investigations of the subject. I then found in the public hospital of one of our largest cities a babies' ward so far separated from where their mothers were that I asked in surprise how the babies were fed. "Oh, we never let the girls nurse their babies," was the answer. When I found the formula for the milk-modification employed for all, the frightful emaciation of those babies was accounted for. They were being starved. Few of them, I was told, went out of the hospital alive. "It was just as well so," the matron said; "for such children are better dead, and as for the mothers they never could take care of them even if they wanted to do so." Yet in these wards medical students were learning to be family physicians and young women were being trained for maternity nursing!

Such heartlessness seems impossible, and would be so if motherly women recognized

their duty to visit the hospitals and maternity homes of their neighborhoods. Official inspection of them is not enough. For that insures only that such places shall not be too glaringly shameful. And the standard of the average city in these respects is very low. Where the whole subject of illegitimacy is ignored, it means that the babies so born are soon buried, and that their mothers, freed from the responsibility and deprived of the redeeming influences of motherhood, soon plunge downwards. Thus more than life is at stake. Surely it is the duty of every community, and so of every family in it, either to take into their own homes these homeless unfortunates or to provide homelike accommodations for them.

Late one stormy evening a young woman of good family and education told me this story. She had come from far and had found housework, but when her pregnancy was discovered she had been at once discharged. Now her money was gone and her room-rent overdue. She was hungry as well as wet and cold.

She had gone to the river-bank, as she thought unobserved, intending there to end her misery. But a policeman happened to see her. In her confusion she could not explain why she was there; and he, recognizing her condition, brought her to my office. What could be done for her? Some weeks later when she would need medical and nursing care, the hospital would receive her. But what for the meantime? Luckily I remembered a call some weeks earlier from the new Presbyterian minister and his wife who said they would gladly help in any cases of distress. So, though it was very late, I took the girl there. The lights were out, and only by repeated ringing of the doorbell did I waken them. The parson came to the door. I told him my errand. He would ask his wife, he said. Soon the door was flung wide open. "Come in, come in," was the noble woman's answer. She threw her arms around the shivering girl as she would around her own sister if lost and found.

However they managed it I know not. I

only know that the girl stayed there both before and after her hospital term, and that her new-found friends, although having several children of their own, kept for her and finally adopted her baby. When I afterwards undertook to thank them for helping me out, they insisted instead upon thanking me for bringing them their opportunity.

The usefulness of friendly visits to hospital patients is threefold, — to the patients, to the hospital nurses, and to the visitors themselves. The patients are encouraged and comforted in realizing, however separated from kith and kin they may be, that they still are children of the great human family with kind brothers and sisters eager to give them a helping hand. The nurses recognize their function as agents of the kind-heartedness of the community; their patients become individuals instead of cases. The visitors learn to see further into the complications of life; that is, to see things as they are.

There is a still larger field for usefulness in following up with friendly visits the patients

after their discharge from the hospital. Between the day when discharged as recovered and the day when really able to resume work there is usually a discouraging period, often much extended by worry and by lack of care and of proper food. Not seldom patients suffer serious setbacks by resuming work too soon. The loveliest charity I have ever seen has been shown by families who have taken in as one of the household some convalescent who when discharged from the hospital had no home to go to. Not every family can afford to give so much. And yet the obligation resting upon every neighborhood to help the helpless would seem to require either taking these homeless convalescents into our own homes or providing some home for them until they regain their ability to earn their own living. Some hospitals and some communities do recognize this obligation and have provided convalescent homes. It would be simpler and better as well as less expensive to arrange for their board and lodging with families who need in some such way to augment their incomes.

But the main need is for such friendly visiting of all these discharged patients as will insure for every one of them just the encouragement needed for their reinstatement as serviceable members of the community.

We must include in this class all patients who have been served by the district visiting nurses, but who no longer need actual nursing care. Any one willing and yet not knowing how or where to begin helping the helpless has only to ask the nearest visiting nurse for the names and addresses of patients she no longer has to visit regularly, but who are not yet fully able to resume their regular work. There need be then no fear of intruding. The introduction the visiting nurse has given, in telling about the patients she has served, is quite sufficient warrant for the offer of neighborly interest and friendly service.

Thus far in our survey of the field for personal service in helping the helpless we have considered only ways of supplementing what trained nurses are doing or have done for their patients in the hospitals or in the districts.

And we have ignored the tremendous fact that for the majority no trained nursing is available either by securing admission to the hospitals or by procuring such service in their own homes.

In previous chapters I have told how neighbors used to help families in the nursing of their sick and helpless ones; and how in later times the old-fashioned nurses could be hired for very small wages. I have also called attention to the fact that the disappearance of both these forms of relief has been coincident with the establishment of modern trained nursing.

It remains for us now to consider what can be done by neighbors for the relief of the helpless where modern nursing is out of the question. Many attempts have been made to solve this problem, but thus far no adequate solution has been found. In some small cities having large training schools, which teach their pupil nurses home nursing, all the needs of the community are thus provided for. In some of the larger cities associations have been estab-

lished to train attendants who take care of the sick at a half or even a third of the cost of trained nurses. While both of these methods are admirable and worthy of extensive imitation, the fact nevertheless remains that in neither of these ways will it ever be possible to cover the whole field.

As may easily be seen the problem is two-fold, as considered from the professional or economic standpoints. On the one hand it is plain that the old custom of neighbor nursing has gone forever: modern scientific requirements could not possibly be satisfied by a succession of untrained night watchers. And yet, on the other hand, unless the generosity of kind neighbors be accepted, the ordinary family when sickness occurs is liable to suffer lasting damage. Before the patient recovers the others of the family, worn out with the nursing and housework, are very likely to fall sick; and even when the patient is not the principal breadwinner, the extra expense of sickness and the inevitable interference with the ability of the wage-earners threatens them with bank-

ruptcy. If absolute pauperism is escaped, it is too probable that the family will emerge from the stress of sickness only under an overload of debt, which is almost as bad.

The only practicable way, so far as I can see, of supplying adequate assistance in cases of sickness in the homes of the great majority of our population *is for neighbors to help the family to do their own nursing*. By relieving them of their usual labor, by helping them with their housework, we can save them from exhaustion and so make it possible for them to devote their whole strength to the nursing of their own sick.

I have already spoken of the great usefulness of district visiting nurses in teaching families how to do the nursing required in their own homes. This educational service ought to be far more widely available. In every community it ought to be as possible for a family to have visits from a nurse, who will teach them how to carry out the medical orders, as it is to secure a physician to give these orders. The visiting nurse associations might well

undertake to provide these teachers of family nursing, but it must be borne in mind that the teaching art is very different from the ability to practice nursing.

Even without expert teachers, families of ordinary intelligence can often take as good nursing care of their loved ones as trained nurses could. Sometimes family nursing is better than professional. In some cases, it is true, the anxiety of those nearest and dearest endangers not only them but the patient also. For the sick often are abnormally sensitive to the emotions of those standing by, however well concealed. And even where there is no hope of recovery, and where death is felt by all to be only a merciful release, if the nursing is left to the family, there is always the danger that some one of them ever after will feel that had this been done, or had that not been done, the end would not have come so soon. The responsibility of deciding questions of detail as well as the larger questions of treatment rests, of course, upon the physician. But he has become accustomed to leaving to the nurse

all such details, and so where there is no nurse he is often careless in not saving the family from the necessity of deciding these matters. Generally it is not so important how the details of treatment shall be decided, as it is that there shall be some decision. This, of course, cannot be appreciated by those most anxiously awaiting the issue, whether it be life's renewal or death: their greatest comfort comes in carrying out in minutest detail the treatment ordered.

Few nurses know enough to appreciate the relief it is to aching hearts to allow the children, for instance, — yes, and to show them just how, — to do the last little services for their dying mother. Too often the modern nurse does not know enough to keep in the background on such occasions and, instead, stands by, officiously counting the failing pulse or in some other equally useless way exhibiting her professional accomplishments. Friendly neighbors at such times are far more likely to be of real assistance, for they naturally take the proper nursing attitude of helpers to the family. But this is a digression.

Having admitted that in some exceptional cases the intense anxiety of the family is detrimental to their nursing usefulness, in the great majority of cases we can just as truly claim the great advantages of such nursing. Who for himself would not prefer it? Is it not, indeed, the highest praise any nurse can have to be told her nursing is motherly? And what else is nursing but mothering? For in the degree we need nursing we have gone back to the helplessness of childhood until at the last our dependence upon others is that of the newborn. How fitting it is, too, for a perfect nurse to be called "Sister"! I wish that when our training schools began we had adopted the titles as well as the general scheme of the Nightingale School.

Nor is it only on the mother and sister side of the house that family nursing is often admirable. I have seen rough, hard-handed laborers take such loving, gentle care of their dying mother or wife or child as might make any nurse envious. And under the inspiration of her heart's devotion I have seen a

young girl's exquisite care of her father raise my previous ideals of perfect nursing. He was slowly dying of cancer of the stomach; that is, he was starving to death rather than endure the nausea and agony caused by taking food. No one else, not even his wife, could persuade him to eat or drink anything. If he did so, it was at once vomited. And yet this daughter to our great surprise could feed him, and what was more marvelous could save him from the subsequent ill effects. How could she? I will let her tell her story, as after my repeated questionings she told it to me. "Yes, I know he will take food for me and keep it down, when he will not for others; but the only reason is because I make him think of something else. Oh, it is just nothing, and will never bear telling. But you see Daddy every spring used to take us children out to hunt for wild flowers, and he would give prizes for the first daisy, buttercup, or violet. Thus we learned where the different flowers can earliest be found. So before my day's work began, as soon as ever it was light I have been going out after first one

wild flower and then another, and sometimes I have been miles to where as a child I had won a prize. If I found no flower I would bring home the plant and in warm water get the reluctant buds to open. Daddy, you know, is very fond of wild flowers. And he likes lovely china, too. So I have been fixing his tray in this way; I would use only our most precious teacups; in one I put cracked ice, in the other the beef juice he so dislikes, and in the prettiest wineglass I could find I put my wild flower. That I carry so he has to see it first. And when he asks where I found it, I just tell him to look straight at it and to open his mouth. Then I give him a bit of ice, which is the only thing he is always willing to take, and tell him not to speak, but to open his mouth when the ice is melted. Then I give him the cupful of beef juice, with a tiny bit of ice in each teaspoonful. Meanwhile I tell him how and where I found the flower and make him remember how he used to take us flower hunting. And so he just does n't have a chance to refuse the beef juice."

Similar instances of excellent amateur nursing will doubtless recur in every reader's memory. And such successes would be far more frequent instead of less so than in former years, if the essential advantages of old-time nursing customs had been retained or could now be revived.

In every community this revival is practicable. Two moves must be made. First, it is necessary to start a visiting nurse association, or to secure affiliation with some near-by association, which shall furnish nurses for actual service where there are no relatives or friends who can be taught how to do the nursing needed, and also nurse teachers who shall give this instruction in every home where there is willingness to receive it. Second, there must be an organization of neighbor helpers, to back up families where there is sickness so that they can nurse their own without sacrifice of health or financial independence.

As regards visiting nursing, although in years past I have traveled thousands of miles and given days and nights, and sometimes

weeks at a time, to pleading for its establishment, I now feel the even greater importance of neighbor-helping organizations.

In small towns and in country districts where every family knows all about every other, and where cases of distress are sure to be discussed at the village store, or on Sundays at the meeting-house, it is unlikely that any family needing help will not receive it. In such communities there may be no need of organizing the willing helpers. And so even in our largest cities, where the sick member of the family is well known and widely beloved, friendly aid is offered in abundance. But for the vast majority of families, not well known and having no claim to prominence, the surrounding crowds of strangers make the city more lonesome than the forests. When sickness invades their homes no helping neighbors call. This is not for lack of willingness to help, but for lack of general information.

The objection is sometimes made to this necessary work of investigation, to the card-cataloguing of the community's woes, that it

is too scientific and cold-blooded. And so it may very easily be if tactless, heartless agents are employed.

One of my saddest memories is of a call I made on the family of a man who, thrown out of the watch factory by the panic of 1893, was tramping from town to town in search of work. His house, in one of the best quarters of the city, seemed singularly bare of furniture. But at first I did not understand that, any more than I did the ghastly pallor of his wife and children. It was hard to believe that they were starving, but such was the terrible fact. For the mother, relief came too late. She died within easy reach of neighbors who afterwards admitted that their curiosity had been aroused by never seeing milkman or grocer call, but instead, many a time after nightfall seeing the poor woman carry away a chair or other piece of furniture.

To prevent such tragedies there is need in every city of some agency for searching out. And however diligent inquiry be made, there will be found on the most faithful agent's

records only a small amount of information compared with what would be the common talk regarding the same family when living at the country cross-roads. In either locality, when the motive is neighborly, there can be no valid objection to the investigation. And in each situation adequate neighborly relief depends upon the discovery and making known of the exact character and extent of the family's distress.

This is the work of the Associated Charities, which may be found in active operation in most of our cities. As information is acquired by friendly visitors, cases of distress are referred to appropriate agencies, or where the urgency does not allow sufficient time for this, immediate relief is given. The work is altogether admirable, and the gratitude of thousands belongs to the founder of the first of these organizations, the late Robert Treat Paine of Boston.

Inasmuch, however, as any one trained in the larger field of the Associated Charities will have had to do with all forms of poverty and

misery, while we are considering more particularly relief measures for physical helplessness, where circumspection in helping is far less important, we should rather have for our agency some one, trained if possible in the social service department of a hospital, who has been more accustomed to the relief of necessities caused by disease. Such an agent, by acquainting those able to help with the cases of helplessness as found, takes the place of the country common knowledge of other families which precedes and inspires all movements for neighborly relief. But in the city, instead of depending upon each one's knowing what others are doing, and upon all heartily coöperating, the effectiveness of relief work depends upon efficient organization of helpers.

The best organization I know of this kind is the Mutual Aid Association of Brattleboro, Vermont. There at the central agency is kept a list of all who stand ready for any kind of service by the hour or longer, as helpers in cooking, cleaning, laundering, or any other household work. Where the moderate fees charged

for these services can be paid by the family, they are so collected by the association; and, where not, the workers are paid from funds contributed for this purpose. There is thus the double economic benefit in this scheme of giving, on the one hand, profitable employment to those who have a few spare hours and need to increase their family income, and, on the other hand, of providing at moderate cost all the extra help families need to make it possible for them to do their own nursing.

To Richards M. Bradley belongs the credit of originating this admirable scheme. As trustee of a large charity fund left to his native town he has sought most diligently for effective methods of relieving, without pauperizing, distressed families and individuals. To this task, besides his legal and business acumen, he has devoted his large heart without stint or measure.

Where charity funds are available, or where it is not too hard to raise sufficient income from annual subscriptions, perhaps it may not be possible to improve upon the Brat-

tleboro plan. For, by charging the regular fees to families able to pay for the services of the helpers, the danger of pauperizing, whatever it may amount to, is guarded against; and for families unable to pay, adequate succor is provided at the expense of those able and willing to give money.

In average communities where there is no large charity fund to fall back upon, and where it is difficult to raise money except for the relief of some particularly appealing case, it would be well to supplement the Brattleboro plan by having an additional list of voluntary household helpers, who shall stand ready to give, instead of money, personal service in the relief of families unable to hire the regular helpers. With this amendment of the method we should not so much miss the essential loveliness of old-time New England neighbor helping where there was no fee table for friendly service and yet no pauperizing. But why was there in olden times this exemption? For one reason, every family aided would in turn hasten to help others in distress. This,

of course, was merely exchanging credits instead of money. Another reason is to be found in the homogeneousness of the colonists. Neighbors as they were at home, they were doubly so in exile. Moreover, as their children intermarried, families were so extended that nearly every one was related to everybody else. Why should they not hurry to the rescue of their relations? Furthermore, in the new settlements the strength and health of every family and of every individual was well known to be of vital consequence. But the strongest reason for the old-time family acceptance of neighborly help, when under distress of sickness, without any sacrifice of independence, is that in simpler conditions of living it is easier to be done for as one would do unto others. Only as life becomes more complicated is it easier to give than to receive.

At a nurses' home with which I am well acquainted they not seldom have had applications of this sort: a laborer rings the door bell furiously and calls out, "I want a nurse; my woman is sick; it 's time for her." "Well,

has she made any engagement here?" "No." "Can you pay for a nurse?" "No, sure we have nothing, and I am out of a job, but what can we do except we have a nurse?" Out of his simple, honest heart he has given a sufficient reason why a nurse should go back with him to help his poor wife in her labor. It will in no wise pauperize that family to be helped through this time of their helplessness. What will they not do afterwards for others in distress?

Let me tell one of many stories I should like to tell of how some of the honest, generous-hearted laborers I have known have by turns both received and given. When Martin left his young wife and child in their little Irish hovel, where dire poverty was their only prospect, she, having in every other way failed to dissuade him from emigrating, as a last resort taunted him with "Yes, goodbye it is and forever." "Why so?" "Sure you'll soon be finding another woman in Ameriky." Under that sting Martin pulled himself together — "Did I not marry you?" "Yes." "An' are ye

not my wife?" "Yes." "Then hold yer tongue." This was their parting. Letters would not help them, for neither could read or write. But before the year was gone they were again together in a wretched tenement, yet in a country far better for laborers. Had it not been for sickness they would have thriven from the first. But for the year following her next confinement Martin's wife was insane. There was nothing for him to do except to stay at home, caring for her and the little ones as best he could. Had it not been for generous neighborly help, the family would have perished. This help was gratefully and simply accepted. What else could they do? Years after, when their children were grown up and they owned their little home, Martin came to me to ask what was to become of a family where the mother had lately died, leaving twins a few hours old, besides several little children, for her thirteen-year-old daughter to rear as best she could. "How long is the nurse to stay there," he asked, "and how much does the nurse cost?" When I told him she would

stay a few weeks and could be kept longer at a dollar a day, he gave me fifty dollars, more than a month of his earnings, saying, "Let that go as long as it will to keep some woman there to open the door for him when he comes back from his day's work." "Is he any relative of yours, Martin?" "No, neither he nor she is belonging to me, but I know all about them."

Were there more simple-hearted Martins, ready to receive, and, according to circumstances, quick to give, there would be less need than there is now of organizations for neighbor helping. But hearty giving even of money is not a common habit, and the habit of giving personal service to helpless neighbors is far rarer. Therefore, to insure that all who are in need shall be supplied, it is necessary to organize those in the community who are able and willing to give for this purpose either of their means or of their time.

But what of the supposed present danger of pauperizing by neighbor helping? Let us see. We all agree, of course, that common prudence

and a decent amount of self-respect require in every family provision against adversity. And we know that as a people, in comparison with many other nations, we are thriftless, extravagant, and wasteful. And yet a large proportion of our day laborers are saving enough of their wages to be buying their own homes. If, instead of the present exorbitant expense, the cost of ordinary sickness had continued to be moderate, we might reasonably expect that such families would be able unaided to meet these common exigencies. The fact, however, is that sufficient provision for family rainy days is uncommon. And unless for neighbor aid in times of sickness many a family would lose their home by mortgage foreclosure.

Industrial insurance companies, sick-benefit associations, and fraternal orders that furnish free medical attendance are doing much for moderate wage-earners to mitigate the heavy expenses of sickness. In Germany, and now in England, such insurance, aided and controlled by the Government, is obligatory. The time may come when associations will provide, for

families insured, nursing as well as the medical service needed. Indeed, so far as visiting nursing is needed by their employees, that is already provided for them by many shops and factories. As the economical advantage of such humanitarian provision becomes more widely known, this kind of service doubtless will be largely increased. By further extension of these protective agencies and associations it would be possible to provide both the nursing care and the household assistance needed in every case of helplessness in the families of the wage-earners. And by accumulation of charity funds, aided perhaps by socialistic civic appropriations, it also would be possible to provide for the homeless sick and all helpless strangers within our gates. But even with such possible completeness of insurance relief, which is not yet within sight, the friendly service of neighbors would still be just as much needed; for the essential quality of neighborliness can never be supplied by official agents in any community where the yearnings of the helpless for more than mere material aid are ignored.

Whatever we may consider as the proper precautionary measures against the helplessness of any member of the family, we may be sure both that such measures will not always have been taken, and also that these precautions, even when taken, will often prove insufficient. In times of general disaster, by fire or flood or famine, cities and states and nations rush to each other's assistance, without too close inquiry what precautions have been taken or omitted. The question of possible pauperizing does not arise. Why, then, need it do so when a single family is overwhelmed?

It may be questioned if the modern prominence of this phantom is not due at least as much to the fear on the part of the givers of never-ending if not of increasing demands upon their time and purses, as it is to the fear of harming the recipients. Such, it may be suspected, is sometimes the compelling motive of anonymous subscribers to charity: they withhold their names, not so much from modest unwillingness to give with their money

their personal indorsement, as from not unjustifiable fear of being made a target for all other beggars.

Before leaving this moot question of the danger of pauperizing by revival of the old custom of neighbor helping, in order that families may have the time and strength for taking the nursing care of their own helpless ones, the difference in effect should be noted between impersonal gifts of materials and personal gifts of service: material help is easier to give, and to receive; personal service, while far less likely to harm the recipient, is much surer to enrich the giver.

Where any are ready and yet do not know just how to band together for more efficient neighbor helping, it may be well for them to bear in mind the fact that associations for giving only personal service need not be so formal as they must be for the proper handling of money or other material. Indeed, in many ways the more informal the personal service clubs are, so much the better. If possible it is a good plan to attach them as junior auxiliaries

to existing organizations, such as hospital corporations, hospital aid societies, and visiting nursing associations. For one of the common faults of our charitable organizations is the high average age of their membership. They were young enough once when they formed their associations for high endeavor, but, without provision for age retirement, or even for the rotation of their officers, many of these associations have lost their enthusiasm. They need rejuvenation. And this can be best provided for by electing into membership every year the officers of their junior auxiliaries. On the other hand, for the juniors there is in such affiliations the great advantage of experienced leadership and of well-blazed paths. Where there seems to be no chance for such affiliation small groups of neighbor helpers must find their own way, consulting with each other and working together, not forgetting to keep interesting others so that young members may be added yearly. And even earlier, before groups or clubs can be formed, those willing to help their helpless neighbors, instead of waiting to

join with others for this work, must begin it even if single-handed.

Many residents of Cambridge and Harvard students of forty years ago remember Miss Watson, who with her mother lived in the old home of Morrill Wyman, the beloved physician. In the hard winter following the gold panic there was much distress among the wage-earners, because of lack of work. In so many cases where he was summoned the old doctor found there was need of food rather than of medicine that he referred more of his patients to Miss Watson than to the druggist. For she kept the beef tea hot and ready. Her work became well known. One night, when answering the doorbell, she asked the gaunt and half-crazed man if he must have the doctor. "No," he said, "it is food and help I want, for my wife is dying of hunger." Off she went with him, beef tea in hand, through lonesome streets, up several flights in the dark hallway, and into his cold attic of horror. His wife, sure enough, was almost dead. But she and the little children were saved; and his

reason was saved, too; for, by asking her friends to give him their furniture repairing, Miss Watson found work for him at his trade. Her friends helped her with the housework there, making daily visits in turn till the poor starved mother regained her strength. After the awful crisis of that night, the family prospered. Miss Watson saved them. Had she waited for daylight, it would have been too late. And had she not kept on helping the family until they were well on their feet, their misery would only have been prolonged.

The world needs more Miss Watsons.

THE END

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